06/11/2009 12:28

Image# 29992216938

## FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines Massachusetts Republican State Congressional Committee 85 Merrimac Street, Suite 400 ADDRESS (number and street) Check if different than previously **Boston** MA 02114 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00042622 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: Termination Report (TER) in the Election on State of 08 0 1 2007 8 0 3 1 2007 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Brent Andersen Type or Print Name of Treasurer Electronically Filed by Brent Andersen 06 11 2009 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

FEC Form 3X (Rev. 02/2003)

## **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name Massachusetts Republican State Congressional Committee <sup>®</sup> D D 0.8 0 1 2007 8 0 3 1 2007 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 9164.06 Ž007 January 1 (b) Cash on Hand at 28968.07 Begining of Reporting Period ..... 19542.00 428403.36 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 48510.07 437567.42 6(a) and 6(c) for Column B) ..... 49211.97 438269.32 7. Total Disbursements (from Line 31) ...... Cash on Hand at Close of Reporting Period -701.90 -701.90 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations owed the committee (Itemize all on 73560.44 Schedule C and/or Schedule D) ..... This Committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission 999 E street, NW Washington, DC 20463 Toll Free 800-424-9530

Local 202-694-1100

## DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

Massachusetts Republican State Congressional Committee

|   | COLUMN A<br>Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|--------------------------------|
| Contributions (other than loans) From:                        |                               |                                |
| (a) Individuals/Persons Other                                 |                               |                                |
| Than Political Committees (i) Itemized (use Schedule A)       | 4725.00                       | 296875.00                      |
|   | 1830.00                       | 07070 17                       |
| (ii) Unitemized   |                               | 97073.17                       |
| (iii) TOTAL (add<br>Lines 11(a)(i) and (ii)                   | 6555.00                       | 393948.17                      |
| (b) Political Party Committees                                | 0.00                          | 0.00                           |
| (c) Other Political Committees                                | 12500.00                      | 29301.73                       |
| (such as PACs)(d) Total Contributions (add Lines              | 12500.00                      | 29301.73                       |
| 11(a)(iii),(b) and (c)) (Carry                                | 19055.00                      | 423249.90                      |
| Totals to Line 33, page 5)                                    | 10000.00                      | 1232 10.00                     |
| Transfers From Affiliated/Other Party Committees              | 0.00                          | 0.00                           |
|   | 0.00                          | 0.00                           |
| All Loans Received  | 0.00                          | 0.00                           |
| Loan Repayments Received Offsets To Operating Expenditures    | 0.00                          | 0.00                           |
| (Refunds, Rebates, etc.)<br>(Carry Totals to Line 37, page 5) | 0.00                          | 2903.24                        |
| Refunds of Contributions Made                                 |                               |                                |
| to Federal candidates and Other Political Committees          | 0.00                          | 0.00                           |
| Other Federal Receipts (Dividends, Interest, etc.)            | 487.00                        | 2250.22                        |
| Transfers from Non-Federal and Levin Funds                    |                               |                                |
| (a) Non-Federal Account                                       | 0.00                          | 0.00                           |
| (from Schedule H3)  | 0.00                          | 0.00                           |
| (b) Levin Funds (from Schedule H5)                            | 0.00                          | 0.00                           |
| (c) Total Transfer (add 18(a) and 18(b)).                     | 0.00                          | 0.00                           |
| Total Receipts (add Lines 11(d),                              | 40540.00                      | 400400.00                      |
| 12, 13, 14, 15, 16, 17, and 18(c))                            | 19542.00                      | 428403.36                      |
| Total Federal Receipts  | 19542.00                      | 428403.36                      |

### **DETAILED SUMMARY PAGE**

of Disbursements

Page 4

FEC Form 3X (Rev. 02/2003)

|       | II. DISBURSEMENTS  | COLUMN A Total This Period | COLUMN B<br>Calendar Year-to-Date |
|-------|--|----------------------------|-----------------------------------|
|       | perating Expenditures: Shared Federal/Non-Federal                |                            |                                   |
| (α)   | Activity (from Schedule H4)                                      | 0.00                       | 0.00                              |
|       | (i) Federal Share  | 0.00                       | 0.00                              |
|       | (ii) Non-Federal Share   | 0.00                       | 0.00                              |
| (b)   | 1 0  | 31765.98                   | 286839.35                         |
| (c)   | Expenditures  Total Operating Expenditures                       | 01700.00                   | 20000.00                          |
| ( )   | (add 21(a)(i), (a)(ii) and (b))                                  | 31765.98                   | 286839.35                         |
|       | ansfers to Affiliated/Other Party                                | 5500.00                    | 25500.00                          |
| 3. Co | ntributions to   |                            |                                   |
| and   | deral Candidates/Committeesd Other Political Committees          | 0.00                       | 0.00                              |
|       | lependent Expenditure<br>se Schedule E)                          | 0.00                       | 0.00                              |
| . Čo  | ordinated Expenditures Made by Party mmittees (2 U.S.C. 441a(d)) | 0.00                       | 0.00                              |
| (us   | se Schedule F)   | 0.00                       | 0.00                              |
| . Loa | an Repayments Made   | 0.00                       | 0.00                              |
| . Loa | ans Made   | 0.00                       | 0.00                              |
|       | funds of Contributions To:<br>Individuals/Persons Other          |                            |                                   |
| ()    | Than Political Committees  | 0.00                       | 0.00                              |
| (b)   | Political Party Committees                                       | 0.00                       | 0.00                              |
| (c)   | Other Political Committees (such as PACs)                        | 0.00                       | 0.00                              |
| (d)   | Total Contribution Refunds                                       | 0.00                       | 0.00                              |
|       | (add Lines 28(a), (b), and (c))                                  | 0.00                       | 0.00                              |
| . Oth | her Disbursements  | 0.00                       | 0.00                              |
| ). Fe | ederal Election Activity (2 U.S.C 431(20))                       |                            |                                   |
|       | a) Shared Federal Election Activity                              |                            |                                   |
|       | (from Schedule H6)   | 0.00                       | 0.00                              |
|       | (i) Federal Share  |                            |                                   |
|       | (ii) "Levin" Share   | 0.00                       | 0.00                              |
| (b    | b) Federal Election Activity Paid Entirely With Federal Funds    | 11945.99                   | 125929.97                         |
| (c    | e) Total Federal Election Activity (add                          | 11945.99                   | 125929.97                         |
|       | Lines 30(a)(i), 30(a)(ii) and 30(b))                             |                            | 12020.07                          |
| . То  | otal Disbursements (add Lines 21(c), 22,                         | /AA / / AT                 |                                   |
| 23    | 3, 24, 25, 26, 27, 28(d), 29 and 30(c))                          | 49211.97                   | 438269.32                         |
| 2. To | otal Federal Disbursements                                       |                            |                                   |
| •     | ubtract Line 21(a)(ii) and Line 30(a)(ii)                        | 40011.07                   | 400000 00                         |
| tro   | om Line 31)  | 49211.97                   | 438269.32                         |

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures                           | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| Total Contributions (other than loans) from Line 11(d), page 3)         | 19055.00                      | 423249.90                         |
| Total Contribution Refunds<br>(from Line 28(d))                         | 0.00                          | 0.00                              |
| Net Contributions (other than loans) (subtract Line 34 from Line 33)    | 19055.00                      | 423249.90                         |
| Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 31765.98                      | 286839.35                         |
| Offsets to Operating Expenditures (from Line 15, page 3)                | 0.00                          | 2903.24                           |
| Net Operating Expenditures (subtract Line 37 from Line 36)              | 31765.98                      | 283936.11                         |

FE6AN026

Form/Schedule: F3XA

Transaction ID:

ALL ACTIVITY WAS SOLELY RELATED TO MASS.REPUBLICAN PARTY ACTIVITY. NO ACTIVITY INVOLVED A CANDIDATE. NO MAILINGS OR OTHER ACTIVITY MENTIONED ANY OTHER FEDERAL CANDIDATE. NO ACTIVITY MENTIONED ANY OTHER FEDERAL CANDIDATE.

| Γ             | SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS   |                    | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 7 / 36 (check only one)  X 11a 11b 11c 12 13 14 15 16 11              |
|---------------|---|--------------------|---|---|
| \ \frac{2}{5} | Any information copied from such Reports and<br>or for commercial purposes, other than using the<br>NAME OF COMMITTEE (In Full)<br>Massachusetts Republican State Cor | ne name and ad     | dress of any political committee t                                      | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| $\angle$      | •   | - Igressional e    |   |   |
| ۹.            | Full Name (Last, First, Middle Initial)<br>Nelson Burbank   |                    |   | Date of Receipt   |
|               | Mailing Address 24 Juniper Circle   |                    |   | 08 30 YYYY<br>2007  |
|               | City  | State              | Zip Code  | Transaction ID: 70915.C166135   |
|               | Reading   | MA                 | 01867   | Amount of Each Receipt this Period  |
|               | FEC ID number of contributing federal political committee.  | C                  |   | 500.00  |
|               | Name of Employer<br>Retired   | Occupation Retired | on  | Receipt   |
|               | Receipt For:  Primary General  Other (specify) ▼  | Aggregate          | e Year-to-Date ▼<br>1500.00   |   |
| _<br>3.       | Full Name (Last, First, Middle Initial) Dola Hamilton Stemberg  Mailing Address 5 Louisburg Square  |                    |   | Date of Receipt   |
|               |   | 08 07 2007         |   |   |
|               | City<br>Boston  | State<br>MA        | Zip Code<br>02108-1202  | Transaction ID: 70809.C166092   |
|               | FEC ID number of contributing federal political committee.  | C                  | 02100-1202  | Amount of Each Receipt this Period  -5000.00  |
|               | Name of Employer<br>At Home   | Occupation         |   | Memo  |
|               | Receipt For:  Primary General  Other (specify) ▼  | Aggregate          | e Year-to-Date ▼<br>15000.00  | [MEMO ITEM] D.Hamilton Stemberg, transfer excess contrib from fed to non                    |
| <br>}.        | Full Name (Last, First, Middle Initial) William Lee   |                    |   | Date of Receipt   |
|               | Mailing Address 128 Maple St  |                    |   | 0 8 0 2 2 0 0 7   |
|               | City  | State              | Zip Code  | Transaction ID: 70809.C166065   |
|               | <u>Danvers</u>  | MA                 | 01923   | Amount of Each Receipt this Period  |
|               | FEC ID number of contributing federal political committee.  | C                  |   | 150.00  |
|               | Name of Employer Occupation Information Requested Manager   |                    | Receipt   |   |
|               | Receipt For:  Primary General  Other (specify) ▼  | Aggregate          | e Year-to-Date ▼ 300.00   |   |
|               | SUBTOTAL of Receipts This Page (optional)   | 1                  |   | 650.00  |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS   | ^)                     | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:   PAGE 8/36   (check only one)                   |
|---|------------------------|---|---|
| Any information copied from such Reports are or for commercial purposes, other than using | nd Statements may      | not be sold or used by any persidress of any political committee to           | on for the purpose of soliciting contributions                    |
| NAME OF COMMITTEE (In Full)  Massachusetts Republican State C                             | <u> </u>               | •   |   |
| Full Name (Last, First, Middle Initial) Francis Lehar                                     |                        |   | Date of Receipt   |
| Mailing Address 11 Norwood Avenu  | le                     |   | 08 30 2007  |
| City  | State                  | Zip Code  | Transaction ID: 70915.C166133                                     |
| Manchester  FEC ID number of contributing federal political committee.                    | C                      | 01944   | Amount of Each Receipt this Period  100.00                        |
| Name of Employer<br>Retired   | Occupation Retired     | n   | Receipt   |
| Receipt For:  Primary General  Other (specify) ▼  | <del> </del>           | Year-to-Date ▼ 200.00   |   |
| Full Name (Last, First, Middle Initial) Michael Lovelace                                  |                        |   | Date of Receipt   |
| Mailing Address 6 Bonnie Dell Lane  |                        |   | 0 8 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                       |
| City<br>Shrewsbury  | State<br>MA            | Zip Code<br>01545   | Transaction ID: 70809.C166073  Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.                                | C                      | 01040   | 100.00  |
| Name of Employer<br>L & N Risk Engineering  | Occupation<br>Engineer | n<br>ing Consultant   | Receipt   |
| Receipt For:  Primary General  Other (specify) ▼  | <del></del>            | Year-to-Date ▼ 200.00   |   |
| Full Name (Last, First, Middle Initial) Jennifer Nassour                                  |                        |   | Date of Receipt   |
| Mailing Address 49 Chelsea St., Un  | it C1-307              |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                       |
| City  | State                  | Zip Code  | Transaction ID: 70809.C166068                                     |
| Boston  FEC ID number of contributing federal political committee.                        | C                      | 02129   | Amount of Each Receipt this Period 500.00                         |
| Name of Employer<br>Mass. Republican Party  | Occupation Chairman    |   | Receipt   |
| Receipt For:  Primary General  Other (specify) ▼  | <del>- + +</del>       | Year-to-Date ▼ 575.00   |   |
| SUBTOTAL of Receipts This Page (optional  | -D                     |   | 700.00  |

| CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS  | Use separate schedule(s) for each category of the Detailed Summary Page                       | FOR LINE NUMBER: PAGE 9 / 36 (check only one)    X   11a |
|---|---|--|
| r for commercial purposes, other than using to NAME OF COMMITTEE (In Full)              | d Statements may not be sold or used by any pethe name and address of any political committee | erson for the purpose of soliciting contributions        |
| Massachusetts Republican State Co   | ongressional Committee  |  |
| Full Name (Last, First, Middle Initial) John ORourke  Mailing Address 955 Massachusetts | A 4005  | Date of Receipt  |
| Mailing Address 955 Massachusetts   | Ave #225  | 08 07 2007   |
| City  | State Zip Code  | Transaction ID: 70809.C166082                            |
| Cambridge   | MA 02139  | Amount of Each Receipt this Period                       |
| FEC ID number of contributing federal political committee.                              | C   | 100.00   |
| Name of Employer<br>Retired   | Occupation<br>Retired   | Receipt  |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 200.00   |  |
| Full Name (Last, First, Middle Initial)<br>Shirley Perry                                |   | Date of Receipt  |
| Mailing Address 27 Lathrop Rd.  |   | 08 25 2007   |
| City  | State Zip Code  | Transaction ID: 70915.C166128                            |
| Wellesley   | MA 02482  | Amount of Each Receipt this Period                       |
| FEC ID number of contributing federal political committee.                              | C   | 200.00   |
| Name of Employer<br>At Home   | Occupation Homemaker  | Receipt  |
| Receipt For:  | Aggregate Year-to-Date ▼  |  |
| Primary General  Other (specify) ▼  | 400.00  |  |
| Full Name (Last, First, Middle Initial)<br>Walter Shaw                                  | ı   | Date of Receipt  |
| Mailing Address 709 Meadowcrest C DO NOT MAIL   |   | 08 09 2007   |
| City<br>Ludlow  | State Zip Code  MA 01056-1497   | Transaction ID: 70809.C166101                            |
|   |   | Amount of Each Receipt this Period                       |
| FEC ID number of contributing federal political committee.                              | C   | 125.00<br>Receipt  |
| Name of Employer<br>Retired   | Occupation<br>Retired   |  |
| Receipt For: Primary General  | Aggregate Year-to-Date ▼  |  |
| Other (specify)   | 250.00  |  |
| SUBTOTAL of Receipts This Page (optional  | 1   | 425.00   |

| CHEDULE A (FEC Form 3X<br>FEMIZED RECEIPTS  | Use separate schedule(s) for each category of the Detailed Summary Page                       | FOR LINE NUMBER: PAGE 10 / 36 (check only one)    X    |
|---|---|--|
| r for commercial purposes, other than using to NAME OF COMMITTEE (In Full)          | d Statements may not be sold or used by any perhe name and address of any political committee | erson for the purpose of soliciting contributions      |
| Massachusetts Republican State Co   | ongressional Committee  |  |
| Full Name (Last, First, Middle Initial) Donald Smith  Mailing Address P.O. Box 3251 |   | Date of Receipt  |
|   |   | 08 30 2007   |
| City  | State Zip Code  | <b>Transaction ID:</b> 70915.C166138                   |
| Peabody   | MA 01961  | Amount of Each Receipt this Period                     |
| FEC ID number of contributing federal political committee.                          | С   | 50.00  |
| Name of Employer<br>Retired   | Occupation Retired  | Receipt  |
| Receipt For:  | Aggregate Year-to-Date ▼  |  |
| Primary General Other (specify) ▼   | 205.00  |  |
| Full Name (Last, First, Middle Initial)<br>Robert Spence                            |   | Date of Receipt  |
| Mailing Address 83 E. Water Street -  | PO Box C  | $ \begin{array}{c ccccccccccccccccccccccccccccccccccc$ |
| City  | State Zip Code  | Transaction ID: 70915.C166134                          |
| Rockland  | MA 02370  | Amount of Each Receipt this Period                     |
| FEC ID number of contributing federal political committee.                          | C   | 100.00   |
| Name of Employer<br>Albert Culver Company   | Occupation Owner  | Receipt  |
| Receipt For:  | Aggregate Year-to-Date ▼  |  |
| Primary General Other (specify) ▼   | 200.00  |  |
| Full Name (Last, First, Middle Initial)<br>Gilbert Steward                          |   | Date of Receipt  |
| Mailing Address 137 Larch Row   |   | 08 30 7 2007   |
| City  | State Zip Code  | Transaction ID: 70915.C166142                          |
| Wenham  | MA 01984  | Amount of Each Receipt this Period                     |
| FEC ID number of contributing federal political committee.                          | C   | 2500.00  |
| Name of Employer<br>Retired   | Occupation Retired  | Receipt  |
| Receipt For:  | Aggregate Year-to-Date ▼  |  |
| Primary General Other (specify) ▼   | 5000.00   |  |
| SUPTOTAL of Possints This Page (entional)   | <u> </u>  | 2650.00  |

|         | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS  |   | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 11 / 36 (check only one)  X 11a 11b 11c 12 13 14 15 16 17 |
|---------|--|---|---|---|
|         | Any information copied from such Reports and Si or for commercial purposes, other than using the | on for the purpose of soliciting contributions o solicit contributions from such committee. |   |   |
|         | NAME OF COMMITTEE (In Full)  Massachusetts Republican State Cong                                 | ressional C   | Committee   |   |
| Α.      | Full Name (Last, First, Middle Initial) D. Bradford Wetherell                                    | Date of Receipt   |   |   |
|         | Mailing Address 47 Fresh Pond Ln.  | 08 09 7 2007  |   |   |
|         | City   | State   | Zip Code  | Transaction ID: 70809.C166108   |
|         | Cambridge  | MA  | 02138   | Amount of Each Receipt this Period  |
|         | FEC ID number of contributing federal political committee.                                       | C   |   | 200.00  |
|         | Name of Employer<br>Romney for President   | Occupation Policy A   |   | Receipt   |
|         | Receipt For:  Primary General  Other (specify) ▼   | Aggregate   | e Year-to-Date ▼ 350.00   |   |
| -<br>В. | Full Name (Last, First, Middle Initial)<br>Michael Woodward                                      |   |   | Date of Receipt   |
|         | Mailing Address 4 Guzzle Brook Drive   |   |   | 0 8 0 2 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                                     |
|         | City   | State   | Zip Code  | Transaction ID: 70809.C166064   |
|         | Sudbury  | MA  | 01776   | Amount of Each Receipt this Period  |
|         | FEC ID number of contributing federal political committee.                                       | C   |   | 100.00  |
|         | Name of Employer<br>Investment Technology Gro-<br>up   | Occupation Software   | on<br>e Manager   | Receipt   |
|         | Receipt For: Primary General   | Aggregate   | e Year-to-Date ▼  | 1   |
|         | Other (specify)  |   | 200.00  |   |

| SUBTOTAL of Receipts This Page (optional)           | <b>•</b> | 300.00  |
|---|----------|---------|
| TOTAL This Period (last page this line number only) | <b>•</b> | 4725.00 |

| SCHEDULE A (FEC Form 3X<br>TEMIZED RECEIPTS  | Use separate schedule(s) for each category of the Detailed Summary Page                                  | FOR LINE NUMBER: PAGE 12 / 36 (check only one)  11a 11b X 11c 12 13 14 15 16 |
|--|--|--|
| Any information copied from such Reports an or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  Massachusetts Republican State Co | d Statements may not be sold or used by any personant the name and address of any political committee to | on for the purpose of soliciting contributions                               |
| Full Name (Last, First, Middle Initial) GlaxoSmithKline PAC  |  | Data of Bassist  |
| Mailing Address Five Moore Drive Research Triangle F   | Park   | Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y     |
| City Durham  | State Zip Code<br>NC 27709   | Transaction ID: 70809.C166091  Amount of Each Receipt this Period            |
| FEC ID number of contributing federal political committee.   | C  | 2500.00  |
| Name of Employer<br>PAC  | Occupation<br>FEC: C00199703   | Receipt  |
| Receipt For:  Primary General  Other (specify)   | Aggregate Year-to-Date ▼ 2500.00   |  |
| Full Name (Last, First, Middle Initial)<br>Liberty Mutual PAC  |  | Date of Receipt  |
| Mailing Address Paul Mattera<br>175 Berkeley Street  |  | 08 / 09 / 2007   |
| City<br>Boston   | State Zip Code MA 02117  | Transaction ID: 70809.C166104  |
| FEC ID number of contributing federal political committee.   | C C00171843  | Amount of Each Receipt this Period 5000.00                                   |
| Name of Employer<br>PAC  | Occupation<br>FEC ID:C00171843   | Receipt  |
| Receipt For: Primary General Other (specify)   | Aggregate Year-to-Date ▼ 5000.00   |  |
| Full Name (Last, First, Middle Initial)<br>The Bank of NY - Mellon Corporation PAC   |  | Date of Receipt  |
| Mailing Address Joanie Jaxtimer  Mellon Financial Ce   |  | 08 / 30 / 4 4 4 4  |
| City<br>Boston   | State Zip Code MA 02108-4408   | Transaction ID: 70915.C166132  Amount of Each Receipt this Period            |
| FEC ID number of contributing federal political committee.   | <b>C</b> C00017558   | 5000.00  |
| Name of Employer<br>PAC  | Occupation<br>FEC ID: C00017558  | Receipt  |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼ 5000.00   |  |
| SUBTOTAL of Receipts This Page (optional   | I)   | 12500.00   |
|  | ber only)  | 12500.00   |

|    | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS   |             | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 13 / 36 (check only one)  11a 11b 11c 12 13 14 15 16 🔀 17 |
|----|--|-------------|---|---|
|    | Any information copied from such Reports and St or for commercial purposes, other than using the       |             |   |   |
|    | NAME OF COMMITTEE (In Full)  Massachusetts Republican State Cong                                       | ressional C | ommittee  |   |
| A. | Full Name (Last, First, Middle Initial) A.I.M. Mutual Insurance Company Mailing Address PO Box 3500-59 |             |   | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                    |
|    | City Boston  FEC ID number of contributing   | State<br>MA | Zip Code<br>02241-0559  | Transaction ID: 70809.C166110  Amount of Each Receipt this Period  487.00       |
|    | federal political committee.  Name of Employer   | Occupation  | 1   | Other Receipt   |
|    | Receipt For:  Primary General  Other (specify) ▼   | Aggregate   | Year-to-Date ▼ 487.00   | Note: return of premium   |

| SUBTOTAL of Receipts This Page (optional)           | <b>•</b> | 487.00 |
|---|----------|--------|
| TOTAL This Period (last page this line number only) | <b>•</b> | 487.00 |

A.

В.

C.

| SCHEDULE B (FEC Form 3X)  | Use separate schedule(s)                       | FOR LINE          |   |
|---|--|-------------------|---|
| ITEMIZED DISBURSEMENTS  | for each category of the Detailed Summary Page | (check only 21b   | 22 23 24 25 26  |
|   | <u> </u>                                       | 27                | 28a 28b 28c 29 30b  |
| Any Information copied from such Reports and Staten<br>or for commercial purposes, other than using the nam |  |                   |   |
| NAME OF COMMITTEE (In Full)   | - · · · · · · · · · · · · · · · · · · ·        |                   |   |
| Massachusetts Republican State Congress   | sional Committee                               |                   |   |
| Full Name (Last, First, Middle Initial) Css Castle Self-Storage   |  |                   | Transaction ID: 70915.E9927 Date of Disbursement  |
| Mailing Address 39 Old Colony Ave.  |  |                   | $\begin{bmatrix} \begin{smallmatrix} M & 8 & M \\ 0 & 8 & M \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & 3 & 0 \\ 0 & 3 & 0 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{bmatrix} $ |
| City<br>Boston  | State Zip Code<br>MA 02127-                    |                   | Amount of Each Disbursement this Period   |
| Purpose of Disbursement<br>Storage  |  |                   | 339.00  |
| Candidate Name  |  | Category/<br>Type |   |
| Office Sought: House Disburse Senate President State: District:   | ement For: Primary General Other (specify)     |                   | STORAGE   |
| Full Name (Last, First, Middle Initial) Hui Jojo Deng   |  |                   | Transaction ID: 70915.E9905 Date of Disbursement  |
| Mailing Address 117 Beaconsfield Road   |  |                   | $\begin{bmatrix} \begin{smallmatrix} M & M \\ O & S \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ O & G \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & O & O & T \end{smallmatrix} $                         |
| City<br>Brookline   | State Zip Code<br>MA 02445-                    |                   | Amount of Each Disbursement this Period   |
| Purpose of Disbursement Accounting Services   | 527.6  | •                 | 610.50  |
| Candidate Name  | C  | Category/<br>Type |   |
| Senate President  | ement For: Primary General Other (specify)     |                   | ACCOUNTING SERVICES   |
| State: District:  |  |                   |   |
| Full Name (Last, First, Middle Initial)<br>Hui Jojo Deng  |  |                   | Transaction ID: 70915.E9930  Date of Disbursement   |
| Mailing Address 117 Beaconsfield Road   |  |                   | $\begin{bmatrix} 0 & 8 & M \\ 0 & 8 & M \end{bmatrix} / \begin{bmatrix} 0 & 3 & 0 \\ 0 & 3 & 0 \end{bmatrix} / \begin{bmatrix} 0 & 2 & 0 & 0 & 7 \\ 0 & 2 & 0 & 0 & 7 \end{bmatrix}$  |
| Brookline   | State Zip Code<br>MA 02445-                    |                   | Amount of Each Disbursement this Period   |
| Purpose of Disbursement Accounting Service  |  |                   | 462.00  |
| Candidate Name  |  | Category/<br>Type |   |
| Office Sought:  Senate  President  State:  Disburse   | ement For: Primary General Other (specify)     |                   | ACCOUNTING SERVICE  |
| SUBTOTAL of Disbursements This Page (optional)  |  | ▶                 | 1411.50   |
| TOTAL This Period (last page this line number only)   |  |                   |   |
| · · · · · · · · · · · · · · · · · · ·   |  |                   |   |

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В.

C.

| SCHEDULE B (FEC Form 3X)   | FOR LINE  | NUMBER: PAGE 15/36 |   |
|--|---|--------------------|---|
| ITEMIZED DISBURSEMENTS   | Use separate schedule(s) for each category of the | (check only        | v one)  |
|  | Detailed Summary Page                             | X 21b 27           | 22 23 24 25 26<br>28a 28b 28c 29 30   |
| Any Information copied from such Reports and State                   | nents may not be sold or used by                  |                    |   |
| or for commercial purposes, other than using the name                |   |                    |   |
| NAME OF COMMITTEE (In Full)  |   |                    |   |
| Massachusetts Republican State Congres                               | sional Committee                                  |                    |   |
| Full Name (Last, First, Middle Initial) DirecTV                      |   |                    | Transaction ID: 70915.E9902 Date of Disbursement  |
| Mailing Address PO Box 60036   |   |                    | $\begin{bmatrix} \begin{smallmatrix} M & 8 & M \\ 0 & 8 & M \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 6 \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{bmatrix} $   |
| City<br>Los Angeles  | State Zip Code<br>CA 90060-0036                   |                    | Amount of Each Disbursement this Period   |
| Purpose of Disbursement Cable Services                               | Г   | •                  | 144.90  |
| Candidate Name   |   | Category/<br>Type  |   |
| Office Sought: House Senate President State: District:               | ement For: Primary General Other (specify)        |                    | CABLE SERVICES  |
| Full Name (Last, First, Middle Initial)                              |   |                    | Transaction ID: 70915.E9928   |
| Federal Express (Fed Ex)   |   |                    | Date of Disbursement  |
| Mailing Address PO Box 371461  |   |                    | $\begin{bmatrix} \begin{smallmatrix} M & R & M \\ O & R & M \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} D & D & D \\ O & S & O \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & O & O & T \end{smallmatrix} \end{bmatrix} $ |
| City<br>Pittsburgh   | State Zip Code<br>PA 15250-                       |                    | Amount of Each Disbursement this Period   |
| Purpose of Disbursement<br>Express Mail                              |   |                    | 112.70  |
| Candidate Name   | (   | Category/<br>Type  |   |
| Office Sought: House Senate President State: District:               | ement For: Primary General Other (specify)        |                    | EXPRESS MAIL  |
| Full Name (Last, First, Middle Initial)                              |   |                    | T ID. 70045 50000   |
| Garage Government Center   |   |                    | Transaction ID: 70915.E9903 Date of Disbursement  |
| Mailing Address 50 New Sudbury Street                                |   |                    | $\begin{bmatrix} \begin{smallmatrix} M & 8 & M \\ 0 & 8 & M \end{smallmatrix} & / \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 6 \end{smallmatrix} \end{bmatrix} & \begin{bmatrix} \begin{smallmatrix} Y & \check{Y} & 0 & \check{Y} \\ 2 & 0 & 0 & 7 \end{bmatrix}$                            |
| City<br>Boston   | State Zip Code<br>MA 02114-                       |                    | Amount of Each Disbursement this Period   |
| Purpose of Disbursement  | Г   |                    | 640.00  |
| Payment for debt for parking party related non feator Candidate Name |   | Category/<br>Type  |   |
| Senate<br>President  | ement For: Primary General Other (specify)        |                    | PAYMENT FOR DEBT FOR PARK-<br>ING PARTY RELATED NON FEA   |
| State: District:   |   |                    |   |
| SUBTOTAL of Disbursements This Page (optional)                       |   | <u> </u>           | 897.60  |

TOTAL This Period (last page this line number only) .....

|               |                          | 3 (FEC Form                      | •         | Use sepa                            | arate schedule(s)               |       | FOR LINE (check onl |                  | R:     |                | Р              | AGE     | 16/3     | 36        |
|---------------|--------------------------|----------------------------------|-----------|-------------------------------------|---------------------------------|-------|---------------------|------------------|--------|----------------|----------------|---------|----------|-----------|
| ΓEMIZ         | ZED DIS                  | SBURSEMEN                        | NTS       | for each                            | category of the<br>Summary Page |       | X 21b 27            | 22<br>28a        |        | 23<br>28b      | 24<br>28c      | Н       | 25<br>29 | П         |
|               |                          | ed from such Report              |           |                                     |                                 |       |                     |                  |        |                |                |         |          | -         |
|               |                          | MITTEE (In Full)                 | my me nan | ic and addre                        | 33 OF ALTY PUBLICAL             | COIII | militee to SC       |                  | DuliO  | 110 110        | iii sucii      | COITIII | iiillee  |           |
| `             |                          | Republican State                 | e Congres | sional Cor                          | nmittee                         |       |                     |                  |        |                |                |         |          |           |
|               | ame (Last,<br>dian Gua   | First, Middle Initial)           |           |                                     |                                 |       |                     | Transa<br>Date o |        |                | 7091<br>ment   | 5.E9    | 917      |           |
| Mailinç       | g Address                | Boston Group                     | Office    |                                     |                                 |       |                     | 0 <sup>M</sup> 8 | M /    | <sup>D</sup> 0 | D /            | Ý Ž     | 0 ŏ 7    | , Y       |
| City          |                          | 1 Liberty Squa                   | ire       | State                               | Zip Code                        |       |                     | Amou             | nt of  | Each           | Disburs        | emen    | t this P | erio      |
| Bosto         |                          |                                  |           | MA                                  | 02109-                          |       |                     |                  |        | •              | -              | 6       | 50.25    |           |
| Insura        |                          | rsement                          |           |                                     |                                 |       |                     |                  |        | •              |                | O:      | JV.23    | _         |
| Candio        | date Name                |                                  |           |                                     |                                 |       | ategory/<br>Type    |                  |        |                |                |         |          |           |
| Office        | Sought:                  | House Senate President           | Disburs   | ement For:<br>Primary<br>Other (spe | General <b>▼</b>                |       |                     | INSUF            | RAN    | CE             |                |         |          |           |
| State:        |                          | District:                        |           |                                     |                                 |       |                     |                  |        |                |                |         |          |           |
|               | ame (Last,<br>e Harrisor | First, Middle Initial)           |           |                                     |                                 |       |                     | Transa<br>Date o |        |                | 7091<br>ment   | 5.E99   | 912      |           |
| Mailinç       | g Address                | 101 Elm St                       |           |                                     |                                 |       |                     | 0 <sup>M</sup> 8 | M /    | <sup>D</sup> 1 | <sup>D</sup> / | Ý ž     | 0 ŏ 7    | , Y       |
| City          |                          |                                  |           | State                               | Zip Code                        |       |                     | Amou             | nt of  | Each           | Disburs        | emen    | t this P | -<br>erio |
| Wake          |                          |                                  |           | MA                                  | 01880-                          |       |                     |                  |        | •              | •              | 10      | 00.00    | _         |
|               | se of Disbu<br>istration | rsement                          |           |                                     |                                 |       |                     |                  |        | -              | -              | 10      | 55.00    | _         |
|               | date Name                |                                  |           |                                     |                                 |       | ategory/<br>Type    |                  |        |                |                |         |          |           |
| Office State: | Sought:                  | House Senate President District: | Disburs   | ement For: Primary Other (spe       | General ecify) ▼                |       | . 100               | IMDA             | NIST   | RAT            | ION            |         |          |           |
|               | ame (Last.               | First, Middle Initial)           |           |                                     |                                 |       |                     | Trans            | actic  | n ID.          | 7091           | 5 F00   | 904      |           |
|               |                          | ard Pilgram Heal                 |           |                                     |                                 |       |                     | Date o           | of Dis | burse          | ment           |         |          |           |
| Mailinç       | g Address                | 1200 Crown C                     | olony Dr. |                                     |                                 |       |                     | 0,8              | M /    | <sup>D</sup> 0 | 6 / E          | Ž       | 0 ŏ 7    | , Y       |
| City<br>Quinc | ev                       |                                  |           | State<br>MA                         | Zip Code<br>02169-              |       |                     | Amour            | nt of  | Each           | Disburs        | emen    | t this P | 'erio     |
| Purpos        | se of Disbu<br>Insurance | rsement                          |           |                                     |                                 | Г     | •                   | L.               |        |                |                | 35      | 81.25    |           |
|               | date Name                |                                  |           |                                     |                                 |       | ategory/<br>Type    |                  |        |                |                |         |          |           |
| Office        | Sought:                  | House<br>Senate<br>President     | Disburs   | ement For: Primary Other (spe       | General ecify) ▼                |       | 75-                 | HEAL             | TH I   | NSU            | RANCE          | ≣       |          |           |
| State:        |                          | District:                        |           |                                     | • •                             |       |                     |                  |        |                |                |         |          |           |
|               |                          |                                  |           |                                     |                                 |       |                     |                  |        |                |                |         |          | _         |

C.

| SCHEDULE B (FEC Form 3X)   | Use separate schedule(s) |  |      |     |                | NE NUMBER: PAGE 17 / 36 |                   |      |                |                  |               |               |                |  |  |  |
|--|--------------------------|--|------|-----|----------------|-------------------------|-------------------|------|----------------|------------------|---------------|---------------|----------------|--|--|--|
| ITEMIZED DISBURSEMENTS   | for each                 | category of the<br>Summary Page        | ١.   | X   |                |                         | 22                | _    | 23             | 24               |               | 25            | 26             |  |  |  |
| Any Information copied from such Reports and Stateme                     | ents may n               | ot be sold or used                     | by a | an  | 27<br>y persoi | n for                   | 28a<br>the pur    |      | 28b<br>of so   | 28c oliciting co | <br>ontril    | 29<br>outions | 30b            |  |  |  |
| or for commercial purposes, other than using the name                    |                          |  |      |     |                |                         |                   |      |                |                  |               |               |                |  |  |  |
| NAME OF COMMITTEE (In Full)  Massachusetts Republican State Congress     | ional Con                | nmittoo                                |      |     |                |                         |                   |      |                |                  |               |               |                |  |  |  |
| iviassacriusetts riepublicari State Congress                             | ionai ooi                | iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii |      |     |                |                         |                   |      |                |                  |               |               |                |  |  |  |
| Full Name (Last, First, Middle Initial)<br>HPH Inc. Harvard Pilgram Heal |                          |  |      |     |                |                         | Transa<br>Date of |      |                | 70915            | .E9           | 929           |                |  |  |  |
|  |                          |  |      |     |                |                         | M N               | _    | D              |                  | , Y           | 0 ŏ 7         | , Y            |  |  |  |
| Mailing Address 1200 Crown Colony Dr.                                    |                          |  |      |     |                |                         | 0 8               |      | 3              | U                |               | . 0 0 7       |                |  |  |  |
| •  | State<br>MA              | Zip Code<br>02169-                     |      |     |                |                         | Amour             | t of | Each           | Disburse         | mer           | t this f      | Period         |  |  |  |
| Purpose of Disbursement  |                          | 02103                                  |      |     | -              |                         |                   |      |                |                  | 23            | 91.58         | 3              |  |  |  |
| Health Insurance   |                          |  |      |     |                |                         |                   |      |                |                  |               |               |                |  |  |  |
| Candidate Name   |                          |  |      |     | egory/<br>vpe  |                         |                   |      |                |                  |               |               |                |  |  |  |
| Office Sought: House Disburser   |                          |  |      |     |                | ŀ                       | HEAL1             | ГΗΙ  | NSU            | IRANCE           |               |               |                |  |  |  |
| Senate   President   | Primary Other (spe       | General                                |      |     |                |                         |                   |      |                |                  |               |               |                |  |  |  |
| State: District:   |                          |  |      |     |                |                         |                   |      |                |                  |               |               |                |  |  |  |
| Full Name (Last, First, Middle Initial) Boston Marriott Newton           |                          |  |      |     |                |                         |                   |      |                | 70915            | .E9           | 926           |                |  |  |  |
|  |                          |  |      |     |                |                         | Date of           | _    |                | ement            | , , ,         |               | Y              |  |  |  |
| Mailing Address 2345 Commonwealth Ave                                    | 9.                       |  |      |     |                |                         | 0 8               |      | 3              | 0                | . 2           | 2007          |                |  |  |  |
| •  | State<br>MA              | Zip Code<br>02466-                     |      |     |                |                         | Amour             | t of | Each           | Disburse         | mer           | t this f      | Period         |  |  |  |
| Purpose of Disbursement<br>Event Deposit                                 |                          |  |      |     |                |                         |                   | 0    |                |                  | 19            | 00.00         | )              |  |  |  |
| Candidate Name   |                          |  | Ca   | ate | egory/         |                         |                   |      |                |                  |               |               |                |  |  |  |
| 0(5) 0 11  |                          |  | 1    | Ту  | /pe            |                         |                   |      |                |                  |               |               |                |  |  |  |
| Office Sought: House Disburser Senate                                    | ment For:<br>Primary     | General                                |      |     |                | E                       | EVEN              | T DE | EPO:           | SIT              |               |               |                |  |  |  |
| President  | Other (spe               | ecify)                                 |      |     |                |                         |                   |      |                |                  |               |               |                |  |  |  |
| State: District: Full Name (Last, First, Middle Initial)                 |                          |  |      |     |                |                         | <b>-</b>          |      | 15             | 70045            |               | 040           |                |  |  |  |
| Merchants Bankcard   |                          |  |      |     |                |                         | Date of           |      |                | 70915<br>ement   | .⊑9           | 940           |                |  |  |  |
| Mailing Address Fleet Bank 100 Federal Street                            |                          |  |      |     |                |                         | 0 8 0             | /    | <sup>D</sup> 0 | D / Y            | Ž             | 0 ŏ 7         | 7 <sup>Y</sup> |  |  |  |
|  | State<br>MA              | Zip Code<br>02110-                     |      |     |                |                         | Amour             | t of | Each           | Disburse         | mer           | t this f      | Period         |  |  |  |
| Purpose of Disbursement  | IVIA                     | 02110-                                 |      |     |                |                         |                   |      |                |                  |               | 74.99         |                |  |  |  |
| Credit Card Fee  |                          |  | Ļ    |     |                |                         |                   |      |                |                  |               |               |                |  |  |  |
| Candidate Name   |                          |  |      |     | egory/<br>vpe  |                         |                   |      |                |                  |               |               |                |  |  |  |
| Office Sought: House Disburser   |                          | Comment                                |      |     |                |                         | CRED              | IT C | ARE            | FEE              |               |               |                |  |  |  |
| Senate President   | Primary<br>Other (spe    | General<br>ecify) ▼                    |      |     |                |                         |                   |      |                |                  |               |               |                |  |  |  |
| State: District:   |                          | -, <b>.</b>                            |      |     |                |                         |                   |      |                |                  |               |               |                |  |  |  |
| SUBTOTAL of Disbursements This Page (optional)                           |                          |  |      |     | . •            |                         |                   |      |                |                  | 43            | 66.57         |                |  |  |  |
| CODITION OF DISSURGEMENTS THIS Tage (optional)                           |                          |  |      |     |                |                         |                   | -    |                |                  | $\rightarrow$ |               |                |  |  |  |

TOTAL This Period (last page this line number only) ......

C.

| SCHEDULE B (FEC Form 3X)  |  | FOR LINE          | NUMBER: PAGE 18/36   |
|---|--|-------------------|--|
| ITEMIZED DISBURSEMENTS  | Use separate schedule(s) for each category of the      | (check only       | one)   |
|   | Detailed Summary Page                                  | X 21b 27          | 22 23 24 25 26<br>28a 28b 28c 29 30b   |
| Any Information copied from such Reports and State                                |  |                   |  |
| or for commercial purposes, other than using the nar  NAME OF COMMITTEE (In Full) | ne and address of any political o                      | committee to sol  | icit contributions from such committee   |
| Massachusetts Republican State Congres  | ssional Committee                                      |                   |  |
| Full Name (Last, First, Middle Initial)<br>Merchants Bankcard                     |  |                   | Transaction ID: 70915.E9939 Date of Disbursement   |
| Mailing Address Fleet Bank 100 Federal Street                                     |  |                   | $\begin{bmatrix} \begin{smallmatrix} M & 8 & M \\ O & 8 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ O & 1 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{smallmatrix} \end{bmatrix}$ |
| City<br>Boston  | State Zip Code<br>MA 02110-                            |                   | Amount of Each Disbursement this Period  |
| Purpose of Disbursement Credit card Fee   | 02110-   |                   | 75.00  |
| Candidate Name  |  | Category/<br>Type |  |
| Office Sought: House Disburs Senate President State: District:                    | ement For: Primary General Other (specify)             |                   | CREDIT CARD FEE  |
| Full Name (Last, First, Middle Initial)   |  |                   | Transaction ID: 70915.E9906  |
| Konica Minolta Business Systems   |  |                   | Date of Disbursement   |
| Mailing Address P.O. Box 7247-0322  |  |                   | $\begin{bmatrix} \begin{smallmatrix} M & 8 & M \\ 0 & 8 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 6 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{smallmatrix} \end{bmatrix}$ |
| City<br>Philadelphia  | State         Zip Code           PA         19170-0322 |                   | Amount of Each Disbursement this Period  |
| Purpose of Disbursement<br>Copier Rental  |  |                   | 708.75   |
| Candidate Name  |  | Category/<br>Type |  |
| Office Sought: House Disburs Senate President                                     | ement For: Primary General Other (specify) ▼           |                   | COPIER RENTAL  |
| State: District:  |  |                   |  |
| Full Name (Last, First, Middle Initial) Ox-Eye Properties                         |  |                   | Transaction ID: 70915.E9931 Date of Disbursement   |
| Mailing Address c/o Massey & Co.<br>85 Merrimac Street                            |  |                   | $\begin{bmatrix} 0 & 8 & M \\ 0 & 8 & M \end{bmatrix} / \begin{bmatrix} 0 & 3 & 0 \\ 0 & 3 & 0 \end{bmatrix} / \begin{bmatrix} 0 & 0 & 1 \\ 0 & 2 & 0 & 0 & 7 \end{bmatrix}$   |
| City<br>Boston  | State Zip Code<br>MA 02114-                            |                   | Amount of Each Disbursement this Period  |
| Purpose of Disbursement<br>REnt   |  |                   | 3695.00  |
| Candidate Name  |  | Category/<br>Type |  |
| Office Sought: House Disburs Senate President                                     | ement For: Primary General Other (specify)             |                   | RENT   |
| State: District:  |  |                   |  |
| SUBTOTAL of Disbursements This Page (optional                                     |  |                   | 4478.75  |

TOTAL This Period (last page this line number only) .....

C.

| SCHEDULE B (FEC Form 3X)   | arate schedule(s)                   |                                 |   |   | R LINE NUMBER: PAGE 19 / 36 ck only one) |   |                  |       |                |           |       |           |                |  |  |  |
|--|-------------------------------------|---------------------------------|---|---|--|---|------------------|-------|----------------|-----------|-------|-----------|----------------|--|--|--|
| ITEMIZED DISBURSEMENTS   |                                     | category of the<br>Summary Page | - | X | _  | П | 22<br>28a        | П     | 23<br>28b      | 24<br>28c | F     | 25<br>29  | 26<br>30b      |  |  |  |
| Any Information copied from such Reports and Staten or for commercial purposes, other than using the nam |                                     |                                 |   |   |  |   |                  |       |                |           |       |           | 3              |  |  |  |
| NAME OF COMMITTEE (In Full)  |                                     |                                 |   |   |  |   |                  |       |                |           |       |           |                |  |  |  |
| Massachusetts Republican State Congress  | sional Con                          | nmittee                         |   |   |  |   |                  |       |                |           |       |           |                |  |  |  |
| Full Name (Last, First, Middle Initial) Paychex/InterPay   |                                     |                                 |   |   |  |   |                  |       | on ID:         | 7081      | 1.E9  | 893       |                |  |  |  |
| Mailing Address PO Box 8295  |                                     |                                 |   |   |  |   | 0 <sup>M</sup> 8 | M     | <sup>/</sup> 0 | 9 /       | Y Z   | ó o ŏ     | 7 <sup>Y</sup> |  |  |  |
| City<br>Boston   | State<br>MA                         | Zip Code<br>02266-              |   |   |  |   | Amou             | nt o  | f Each         | Disburs   | emer  | nt this I | Period         |  |  |  |
| Purpose of Disbursement Payroll - Taxes  |                                     | 02200                           |   |   |  |   |                  | _     |                |           | 34    | 77.87     | 7              |  |  |  |
| Candidate Name   |                                     |                                 |   |   | egory/<br>/pe                            |   |                  |       |                |           |       |           |                |  |  |  |
| Office Sought: House Disburse Senate President State: District:  | ement For:<br>Primary<br>Other (spe | General ecify) ▼                |   |   |  |   | PAYF             | ROL   | L - T <i>l</i> | AXES      |       |           |                |  |  |  |
| Full Name (Last, First, Middle Initial)  |                                     |                                 |   |   |  |   |                  |       |                | 7081      | 4.E9  | 894       |                |  |  |  |
| Paychex/InterPay   |                                     |                                 |   |   |  |   |                  | of Di | sburse         | ement     | Υ ΄ ΄ | 2 0 ŏ 7   | 7 Y            |  |  |  |
| Mailing Address PO Box 8295  |                                     |                                 |   |   |  |   | 0.0              |       |                | 9         |       | . 0 0 7   |                |  |  |  |
| City<br>Boston   | State<br>MA                         | Zip Code<br>02266-              |   |   |  |   | Amou             | nt o  | f Each         | Disburs   | emer  | nt this I | Period         |  |  |  |
| Purpose of Disbursement Payroll - 401 K  |                                     |                                 |   |   |  |   |                  | 0     |                |           | 19    | 23.08     | 3              |  |  |  |
| Candidate Name   |                                     |                                 |   |   | egory/<br>vpe                            |   |                  |       |                |           |       |           |                |  |  |  |
| Office Sought: House Disburse Senate President State: District:  | ment For:<br>Primary<br>Other (spe  | General ecify) ▼                |   |   |  |   | PAYF             | ROL   | L - 40         | )1 K      |       |           |                |  |  |  |
| Full Name (Last, First, Middle Initial)  |                                     |                                 |   |   |  |   | _                |       |                | 7000      | . = 0 |           |                |  |  |  |
| Paychex/InterPay   |                                     |                                 |   |   |  |   | Date             | of Di | isburse        |           |       |           | _              |  |  |  |
| Mailing Address PO Box 8295  |                                     |                                 |   |   |  |   | 0 <sup>M</sup> 8 | M     | <b>1</b>       | 0 /       | 2     | 0 ŏ 7     | 7 <sup>Y</sup> |  |  |  |
| City<br>Boston   | State<br>MA                         | Zip Code<br>02266-              |   |   |  |   | Amou             | nt o  | f Each         | Disburs   |       |           |                |  |  |  |
| Purpose of Disbursement Payroll Service Fees   |                                     |                                 |   |   |  |   | L.               | -     |                |           | 1     | 48.41     |                |  |  |  |
| Candidate Name   |                                     |                                 |   |   | egory/<br>/pe                            |   |                  |       |                |           |       |           |                |  |  |  |
| Office Sought: House Disburse Senate President   | ment For:<br>Primary<br>Other (spe  | General                         |   |   |  |   | PAYR             | ROL   | L SEF          | RVICE     | FEE   | S         |                |  |  |  |
| State: District:   |                                     | - · ·                           |   |   |  |   |                  |       |                |           |       |           |                |  |  |  |
| SUBTOTAL of Disbursements This Page (optional)   |                                     |                                 |   |   | . •                                      |   |                  | -     |                |           | 55    | 49.36     |                |  |  |  |

TOTAL This Period (last page this line number only) ......

C.

| SCHEDULE B (FEC Form 3X)  | Use separate scriedule(s)   (above         |                   |  |  |  |  |
|---|--|-------------------|--|--|--|--|
| TEMIZED DISBURSEMENTS   | for each category of the                   | (check only       | 7 one)<br>  22   |  |  |  |
|   | Detailed Summary Page                      | 1 27 F            | 28a 28b 28c 29 30b   |  |  |  |
| Any Information copied from such Reports and Statem<br>or for commercial purposes, other than using the nam |  |                   |  |  |  |  |
| NAME OF COMMITTEE (In Full)   |  |                   |  |  |  |  |
| Massachusetts Republican State Congress   | sional Committee                           |                   |  |  |  |  |
| Full Name (Last, First, Middle Initial) Paychex/InterPay  |  |                   | <b>Transaction ID:</b> 70814.E9887 Date of Disbursement  |  |  |  |
| Mailing Address PO Box 8295   |  |                   | $\begin{bmatrix} \begin{smallmatrix} M & R & M \\ O & R \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ I & T \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & T \end{smallmatrix} \end{bmatrix}$ |  |  |  |
| City<br>Boston  | State Zip Code MA 02266-                   |                   | Amount of Each Disbursement this Period  |  |  |  |
| Purpose of Disbursement Payroll Service -401 K  | 02200                                      |                   | 155.00   |  |  |  |
| Candidate Name  |  | Category/<br>Type |  |  |  |  |
| Senate President  | ement For: Primary General Other (specify) | 71                | PAYROLL SERVICE -401 K   |  |  |  |
| State: District:  |  |                   |  |  |  |  |
| Full Name (Last, First, Middle Initial) Paychex/InterPay  |  |                   | Transaction ID: 70915.E9900 Date of Disbursement   |  |  |  |
| Mailing Address PO Box 8295   |  |                   | $\begin{bmatrix} \begin{smallmatrix} M & 8 & M \\ 0 & 8 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 3 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{smallmatrix} \end{bmatrix}$     |  |  |  |
| City<br>Boston  | State Zip Code<br>MA 02266-                |                   | Amount of Each Disbursement this Period  |  |  |  |
| Purpose of Disbursement Payroll -Taxes  |  |                   | 3309.72  |  |  |  |
| Candidate Name  |  | Category/<br>Type |  |  |  |  |
| Office Sought: House Disburse Senate President  | ement For:    Primary                      |                   | PAYROLL -TAXES   |  |  |  |
| State: District:  |  |                   |  |  |  |  |
| Full Name (Last, First, Middle Initial) Paychex/InterPay  |  |                   | <b>Transaction ID:</b> 70915.E9901 Date of Disbursement  |  |  |  |
| Mailing Address PO Box 8295   |  |                   | $\begin{bmatrix} \begin{smallmatrix} M & M \\ D & M \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ D & D & D & T \end{smallmatrix} \end{bmatrix}$ |  |  |  |
| City<br>Boston  | State Zip Code MA 02266-                   |                   | Amount of Each Disbursement this Period  |  |  |  |
| Purpose of Disbursement Payroll-401 K   |  |                   | 1923.08  |  |  |  |
| Candidate Name  |  | Category/<br>Type |  |  |  |  |
| Office Sought: House Disburse Senate President  | ement For: Primary General Other (specify) |                   | PAYROLL-401 K  |  |  |  |
| State: District:  |  |                   |  |  |  |  |
| SURTOTAL of Dishursements This Page (ontional)  |  |                   | 5387.80  |  |  |  |

TOTAL This Period (last page this line number only) .....

C.

| HEDULE B (FEC Form 3X)  Use separate schedule(s) (check of the separate schedule)                         |                                     |                                 |  |   |             |  |                  | R:    |                |      | PA        | GE   | 21 / 3   | 36   |           |
|---|-------------------------------------|---------------------------------|--|---|-------------|--|------------------|-------|----------------|------|-----------|------|----------|--|-----------|
| ITEMIZED DISBURSEMENTS  |                                     | category of the<br>Summary Page |  | X | _           |  | 22<br>28a        | П     | 23<br>28b      | ш.   | 24<br>28c |      | 25<br>29 | П  | 26<br>30b |
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| NAME OF COMMITTEE (In Full)   |                                     |                                 |  |   |             |  |                  |       |                |      |           |      |          |  |           |
| Massachusetts Republican State Congress   | sional Com                          | nmittee                         |  |   |             |  |                  |       |                |      |           |      |          |  |           |
| Full Name (Last, First, Middle Initial) Poland Spring Poland Spring                                       |                                     |                                 |  |   |             |  | Trans<br>Date of |       |                | -    |           | .E99 | 907      |  |           |
| Mailing Address Processing Center PO Box 52271  |                                     |                                 |  |   |             |  | 0 <sup>M</sup> 8 | М     | <sup>D</sup> 0 | 6    | / Y       | ž    | 0 ŏ 7    | , Y  |           |
| City  | State<br>AZ                         | Zip Code<br>85072-              |  |   |             |  | Amou             | nt o  | f Each         | Disb | ursei     | men  | t this F | Perio  | d         |
| Purpose of Disbursement<br>Bottle Water   |                                     |                                 |  |   |             |  | L.               |       |                |      |           | 1:   | 32.95    |  |           |
| Candidate Name  |                                     |                                 |  |   | gory/<br>pe |  |                  |       |                |      |           |      |          |  |           |
| Office Sought: House Disburse Senate President State: District:   | ment For:<br>Primary<br>Other (spe  | General cify) ▼                 |  |   |             |  | вотт             | LE    | WAT            | ER   |           |      |          |  |           |
| Full Name (Last, First, Middle Initial)   |                                     |                                 |  |   |             |  |                  | _     |                |      |           |      |          |  |           |
| Staples, Inc.   |                                     |                                 |  |   |             |  | Trans<br>Date of | of Di | sburse         | emen |           |      |          | V  |           |
| Mailing Address Staples Credit Plan Dept. 80 - 0088936796   |                                     |                                 |  |   |             |  | 0 <sup>M</sup> 8 | М     | <sup>D</sup> 0 | 6    | / L       | ž    | 0 ŏ 7    | ' '  |           |
| •   | State<br>IA                         | Zip Code<br>50368-9020          |  |   |             |  | Amou             | nt o  | f Each         | Disb | urse      | -    |          |  | d         |
| Purpose of Disbursement<br>Office Supplies  |                                     |                                 |  |   |             |  | L.               |       |                |      | •         | 3    | 54.10    |  |           |
| Candidate Name  |                                     |                                 |  |   | gory/<br>pe |  |                  |       |                |      |           |      |          |  |           |
| Senate President  | ement For:<br>Primary<br>Other (spe | General cify) ▼                 |  |   |             |  | OFFI             | CE :  | SUPF           | PLIE | S         |      |          |  |           |
| State: District:  |                                     |                                 |  |   |             |  |                  |       |                |      |           |      |          |  |           |
| Full Name (Last, First, Middle Initial) Staples, Inc.   |                                     |                                 |  |   |             |  | Trans<br>Date of | of Di | sburse         | emen |           |      |          |  |           |
| Mailing Address Staples Credit Plan Dept. 80 - 0088936796   |                                     |                                 |  |   |             |  | 0 <sup>M</sup> 8 | М     | ້              | 3 O  | / L       | ž    | 0 ŏ 7    | , <sup>Y</sup>                                 |           |
| •   | State<br>IA                         | Zip Code<br>50368-9020          |  |   |             |  | Amou             | nt o  | f Each         | Disb | ursei     | -    |          | -  | d         |
| Purpose of Disbursement<br>Office Supplies  |                                     |                                 |  |   |             |  |                  |       |                |      | •         | -    | 24.91    |  |           |
| Candidate Name  |                                     |                                 |  |   | gory/<br>pe |  |                  |       |                |      |           |      |          |  |           |
| Office Sought: House Disburse Senate President  | ment For:<br>Primary<br>Other (spe  | General                         |  |   |             |  | OFFIC            | CE :  | SUPF           | PLIE | S         |      |          |  |           |
| State: District:  | (Opo                                | - J/ ♥                          |  |   |             |  | _                |       |                |      |           | _    |          |  | _         |
| SUBTOTAL of Disbursements This Page (optional) .  |                                     |                                 |  |   | <u> </u>    |  |                  |       |                |      |           | 51   | 11.96    |  |           |

TOTAL This Period (last page this line number only) ......

A.

В.

C.

| SCHEDULE B (FEC Form 3X)  | FOR LIN   | E NUMBI | ER:            |                  | P      | AGE            | 22 / 3         | 36   |              |                |
|---|---|---------|----------------|------------------|--------|----------------|----------------|------|--------------|----------------|
| ITEMIZED DISBURSEMENTS  | Use separate schedule(s) for each category of the Detailed Summary Page | ۔ ا     | X 21b<br>27    | 22<br>28a        | П      | 23<br>28b      | 24<br>28c      |      | 25<br>29     | 26<br>30b      |
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| NAME OF COMMITTEE (In Full)  Massachusetts Republican State Congress                                      | sional Committee  |         |                |                  |        |                |                |      |              |                |
| Full Name (Last, First, Middle Initial) T-Mobile T-Mobile  Mailing Address PO Box 790047                  |   |         |                | _                | of Di  | sburse         | 70915<br>ement |      | 908<br>0 ŏ 7 | , <sup>Y</sup> |
| •   | State Zip Code<br>MO 63179-   |         |                | Amo              | unt of | f Each         | Disburse       | emen | t this F     | Period         |
| Purpose of Disbursement<br>Phone Services   |   |         |                | L.               |        |                |                | 11   | 20.33        | 3              |
| Candidate Name  Office Sought: House Disburse   | ment For:   |         | tegory/<br>ype |                  |        |                |                |      |              |                |
| Senate President State: District:   | Primary General Other (specify)   |         |                | PHO              | NE S   | SERV           | ICES           |      |              |                |
| Full Name (Last, First, Middle Initial) T-Mobile T-Mobile   |   |         |                | Date             | of Di  | sburse         |                |      |              | V              |
| Mailing Address PO Box 790047   |   |         |                | 0 <sup>M</sup> 8 | M      | <sup>′</sup> 3 | 0 /            | , 2  | 0 ŏ 7        | ' <sup>'</sup> |
| •   | State Zip Code<br>MO 63179-   |         |                | Amo              | unt of | f Each         | Disburse       | -    |              |                |
| Purpose of Disbursement Phone Service   |   |         |                | L                | -      |                |                | 4    | 48.39        |                |
| Candidate Name  |   |         | tegory/<br>ype |                  |        |                |                |      |              |                |
| Senate President  | ment For: Primary General Other (specify)                               |         |                | PHO              | NE S   | SERV           | ICE            |      |              |                |
| State: District:  Full Name (Last, First, Middle Initial)   |   |         |                | <u> </u>         |        |                | 7004           |      | 010          |                |
| Verizon   |   |         |                | Date             | of Di  | sburse         |                |      |              | Υ              |
| Mailing Address P.O. Box 1  |   |         |                | 0.8              |        |                | 6 /            | ^    | 0 ŏ 7        |                |
| Worcester   | State Zip Code<br>MA 01654-   |         |                | Amo              | unt of | f Each         | Disburse       |      | t this F     | -              |
| Purpose of Disbursement Phone   |   |         |                |                  |        |                |                | -4   | 10.53        | ?              |
| Candidate Name  |   |         | tegory/<br>ype |                  |        |                |                |      |              |                |
| Office Sought: House Disburse Senate President  | ment For: Primary General Other (specify)                               |         |                | РНО              | NE     |                |                |      |              |                |
| State: District:  |   |         |                |                  |        |                |                |      |              |                |
| SUBTOTAL of Disbursements This Page (optional) .  |   |         | ▶              |                  |        |                |                | 19   | 85.25        |                |

TOTAL This Period (last page this line number only) .....

| SCHEDULE B (FEC Form 3X)  | Use sepa                         | separate schedule(s)            |      |             |                     | E NUMBE          | R:    |           |     | PA            | AGE    | 23 /     | 36             |
|---|----------------------------------|---------------------------------|------|-------------|---------------------|------------------|-------|-----------|-----|---------------|--------|----------|----------------|
| ITEMIZED DISBURSEMENTS  |                                  | category of the<br>Summary Page |      | X           | eck on<br>21b<br>27 | 22<br>28a        |       | 23<br>28b |     | 24<br>28c     |        | 25<br>29 |                |
| Any Information copied from such Reports and Stator for commercial purposes, other than using the n |                                  |                                 |      |             |                     |                  |       |           |     |               |        |          | S              |
| NAME OF COMMITTEE (In Full)   | arro aria addro                  | os or any pontiou               | 0011 |             | 00 10 3             | Short Gorit      | ibat  |           |     | 1 30011 (     | JOITIN | inttoo   |                |
| Massachusetts Republican State Congr  | essional Con                     | nmittee                         |      |             |                     |                  |       |           |     |               |        |          |                |
| Full Name (Last, First, Middle Initial)<br>Verizon  |                                  |                                 |      |             |                     | Date             |       | isburs    | sem |               |        |          |                |
| Mailing Address P.O. Box 1  |                                  |                                 |      |             |                     | 0 <sup>M</sup> 8 | М     | / D;      | 3 0 |               | ž      | οŏ       | 7 <sup>Y</sup> |
| City<br>Worcester   | State<br>MA                      | Zip Code<br>01654-              |      |             |                     | Amou             | ınt o | f Each    | h D | isburse       | men    | t this   | Perioc         |
| Purpose of Disbursement<br>Phone  |                                  |                                 |      |             |                     |                  |       |           |     |               | 4      | 10.45    | 5              |
| Candidate Name  |                                  |                                 | С    | ateg<br>Typ | •                   |                  |       |           |     |               |        |          |                |
| Office Sought: House Disbution Senate President   | ursement For: Primary Other (spe | General ccify) ▼                |      |             |                     | PHOI             | ΝE    |           |     |               |        |          |                |
| State: District: Full Name (Last, First, Middle Initial)  |                                  |                                 |      |             |                     | _                |       |           |     | 70045         |        | 011      |                |
| Verizon Internet Services   |                                  |                                 |      |             |                     | Date             | of D  | isburs    | sem |               |        |          |                |
| Mailing Address PO Box 101096   |                                  |                                 |      |             |                     | 0 8              | М     | / D       | 0 6 |               | ž      | οŏ       | 7 <sup>Y</sup> |
| City<br>Atlanta   | State<br>GA                      | Zip Code<br>30392-              |      |             |                     | Amou             | ınt o | f Each    | h D | isburse       | men    | t this   | Period         |
| Purpose of Disbursement<br>Internet Services  |                                  |                                 | Г    |             |                     | L.               | _     |           |     |               | 7      | 67.62    | 2              |
| Candidate Name  |                                  |                                 | С    | ateg<br>Typ |                     |                  |       |           |     |               |        |          |                |
| Senate President  | Primary Other (spe               | General ecify) ▼                |      |             |                     | INTE             | RNI   | ET SI     | ER  | VICES         | 8      |          |                |
| State: District:  Full Name (Last, First, Middle Initial)  Verizon Internet Services                |                                  |                                 |      |             |                     |                  |       | ion ID    |     | 70915<br>nent | 5.E9   | 935      |                |
| Mailing Address PO Box 101096   |                                  |                                 |      |             |                     | 0 <sup>M</sup> 8 | М     | / D       | 3 0 | ) / )         | Ž      | οŏ       | 7 <sup>Y</sup> |
| City<br>Atlanta   | State<br>GA                      | Zip Code<br>30392-              |      |             |                     | Amou             | ınt o | f Each    | h D | isburse       | men    | t this   | Perioc         |
| Purpose of Disbursement Internet Service  | <u> </u>                         |                                 | Г    |             | •                   | † L.             |       |           |     |               | 7      | 67.62    | 2              |
| Candidate Name  |                                  |                                 |      | ateg<br>Typ |                     |                  |       |           |     |               |        |          |                |
| Office Sought: House Disbu<br>Senate<br>President   | ursement For: Primary Other (spe | General                         |      | 7.4         |                     | INTE             | RNI   | ET SI     | ER  | VICE          |        |          |                |
| State: District:  | ·                                |                                 |      |             |                     |                  |       |           |     |               |        |          |                |
| SUBTOTAL of Disbursements This Page (option   | al)                              |                                 |      |             |                     |                  |       |           |     |               | 194    | 15.69    | )              |
| TOTAL This Period (last page this line number o   | nly)                             |                                 |      |             | •                   |                  |       |           |     | 3             | 3176   | 55.98    | 3              |

|    | 00UEDIU E D (EEO E 0V)  |   |    |               |   |       |       |        |   |         |   |       |     |
|----|---|---|----|---------------|---|-------|-------|--------|---|---------|---|-------|-----|
|    | SCHEDULE B (FEC Form 3X)  | Use separate schedule(s)                      |    | FOR LIN       |   |       | R:    |        |   | P.A     | (GE                                     | 24 /  | 36  |
|    | ITEMIZED DISBURSEMENTS  | for each category of the                      |    | check o       |   | _ ′   |       |        | _                                       | ٦.,     |   |       |     |
|    |   | Detailed Summary Page                         | ╽┢ | 21b           | Х | 1     | Ш     | 23     | $\vdash$                                | 24      | Ш                                       | 25    | 26  |
| -  |   |   |    | 27            | Ļ | 28a   |       | 28b    | يــــــــــــــــــــــــــــــــــــــ | 28c     | لِـــــــــــــــــــــــــــــــــــــ | 29    | 30b |
|    | Any Information copied from such Reports and Staten<br>or for commercial purposes, other than using the nam |   |    |               |   |       |       |        |   |         |   |       | 3   |
|    | NAME OF COMMITTEE (In Full)   |   |    |               |   |       |       |        |   |         |   |       |     |
|    | Massachusetts Republican State Congress   | sional Committee                              |    |               |   |       |       |        |   |         |   |       |     |
| _  | Full Name (Last, First, Middle Initial)   |   |    |               |   | Trans | act   | ion ID | ):                                      | 70809   | .F9                                     | 885   |     |
| Α. | Mass Republican State Committee   |   |    |               |   | Date  |       | isburs | sem                                     | nent    | _                                       |       | Y   |
|    | Mailing Address 85 Merrimac Street Suite 400  |   |    |               |   | 8 0   | _     | (      | 0 7                                     |         | 2                                       | 0 ŏ 7 | 7   |
|    | City<br>Boston  | State Zip Code MA 02114-                      |    |               |   | Amou  | int o | f Each | า Di                                    | isburse | -                                       |       |     |
|    | Purpose of Disbursement<br>George Peterson transfer   |   |    |               |   |       |       |        | _                                       |         | 5                                       | 00.00 | )   |
|    | Candidate Name  |   |    | egory/<br>ype |   |       |       |        |   |         |   |       |     |
|    | Senate President  | ement For: Primary General Other (specify)    |    |               |   |       |       |        |   |         |   |       |     |
| _  | State: District:  |   |    |               |   |       |       |        |   |         |   |       |     |
| В. | Full Name (Last, First, Middle Initial) Mass Republican State Committee                                     |   |    |               |   | Date  |       | isburs | sem                                     |         | _                                       |       | V   |
|    | Mailing Address 85 Merrimac Street Suite 400  |   |    |               |   | 0 8   | IVI   | ′      | 0 7                                     |         | 2                                       | 0 ŏ 7 | 7 ' |
|    | City<br>Boston  | State Zip Code<br>MA 02114-                   |    |               |   | Amou  | int o | f Each | า Di                                    | isburse | -                                       |       |     |
|    | Purpose of Disbursement D. Hamilton Stemberg transfer of excess contrib for                                 | rom fed to non-fed                            |    |               |   |       | -     |        |   |         | 50                                      | 00.00 | )   |
|    | Candidate Name  |   |    | egory/<br>ype |   |       |       |        |   |         |   |       |     |
|    | Office Sought: House Disburse Senate President  | ement For:  Primary  General  Other (specify) |    |               |   |       |       |        |   |         |   |       |     |
|    | State: District:  | Culci (Specily) ▼                             |    |               |   |       |       |        |   |         |   |       |     |

| SUBTOTAL of Disbursements This Page (optional)      | <u> </u> | 5500.00 |
|---|----------|---------|
|   |          |         |
| TOTAL This Period (last page this line number only) | •        | 5500.00 |

| Transaction ID: 70814.E9888    Detailed Summary Page   | SCHEDULE B (FEC Form 3X)                | Use sepa      | arate schedule(s) | (check only | NUMBER: PAGE 25 / 36 vone)  |
|--|---|---------------|-------------------|-------------|---|
| NAME OF COMMITTEE (In Full)  NAME OF COMMITTEE (In Full)  Name (Last, First, Middle Initial) Kirk Dobson  Mailing Address 1209 Boylston St.  Chy State Zip Code MA 02215- Purpose of Disbursement Payroll Candidate Name  Office Sought: House Senate Primary General Other (specify) ▼  City State: Disbursement Payroll City State: Disbursement Payroll City Senate Primary General Other (specify) ▼  Office Sought: House Senate Primary General Other (specify) ▼  Category/ Type  Office Sought: House Senate Primary General Other (specify) ▼  Transaction ID: 70814.E9889 Date of Disbursement this Perior Category/ Type  Office Sought: House Senate Primary General Other (specify) ▼  Transaction ID: 70814.E9889 Date of Disbursement this Perior Category/ Type  Office Sought: House Senate Primary General Other (specify) ▼  Transaction ID: 70814.E9889 Date of Disbursement this Perior Category/ Type  Office Sought: House President Other (specify) ▼  Office Sought: House President Other (specify) ▼  Amount of Each Disbursement this Perior Category/ Type  PAYROLL  Transaction ID: 70915.E9896 Date of Disbursement this Perior Category/ Type  Office Sought: House President Other (specify) ▼  Office Sought: House President Disbursement this Perior Category/ Type  Office Sought: House President Other (specify) ▼  Office Sought: House President Primary General Other (specify) ▼  Office Sought: House President Primary General Other (specify) ▼  Office Sought: House President Primary General Other (specify) ▼  Office Sought: House President Primary General Other (specify) ▼  Office Sought: House President Primary General Primary Gen  | TEMIZED DISBURSEMENTS                   |               |                   | 21b         | 22 23 24 25   |
| NAME OF COMMITTEE (in Full)  Massachusetts Republican State Congressional Committee  Full Name (Last, First, Middle Initial) Kirk Dobson  Mailing Address 1209 Boylston St.  City Boston  MA  O2215- Purpose of Disbursement Payroll  Gandidate Name  Other (specify) ▼  Office Sought:  Full Name (Last, First, Middle Initial) Brian Dodge  Mailing Address  10 Parker Road  Disbursement For: Senate President MA  O1834- Purpose of Disbursement Payroll  Category' Type  Office Sought:  Full Name (Last, First, Middle Initial) Brian Dodge  Mailing Address  District:  Full Name (Last, First, Middle Initial) Brian Dodge  Mailing Address  Other (specify) ▼  Office Sought:  Full Name (Last, First, Middle Initial) Brian Dodge  Mailing Address  Other (specify) ▼  Office Sought:  Full Name (Last, First, Middle Initial) Brian Dodge  Mailing Address  Other (specify) ▼  Office Sought:  Full Name (Last, First, Middle Initial) Brian Dodge  Mailing Address  Other (specify) ▼  Other (specify) ▼  Other (specify) ▼  Other (specify) ▼  PAYROLL  Other (specify) ▼  PAYROLL  |   |               |                   |             |   |
| Mailing Address 1209 Boylston St.  City State Zip Code Boston MA 02215- Purpose of Disbursement Payroll Candidate Name  Disbursement For: Senate Primary General Other (specify) ▼  City Senate Primary General Other (specify) ▼  City Groveland MA 01834- Purpose of Disbursement Payroll Candidate Name  Disbursement For: Senate Primary General Other (specify) ▼  Category/ Type  Transaction ID: 70814.E9889 Date of Disbursement Payroll Cardidate Name  Category/ Type  Transaction ID: 70814.E9889 Date of Disbursement Payroll Candidate Name  Category/ Type  Disbursement For: Senate Primary General Other (specify) ▼  DAYROLL  Transaction ID: 70814.E9889 Date of Disbursement Payroll Category/ Type  PAYROLL  Transaction ID: 70915.E9896 Date of Disbursement Tor: Senate Primary General Other (specify) ▼  City Senate Primary General Other (specify) ▼  City Groveland MA 01834-  Purpose of Disbursement Payroll Category/ Groveland MA 01834-  Purpose of Disbursement Payroll Category/ Groveland MA 01834-  Purpose of Disbursement Payroll Category/ Type  Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼  Category/ Type  Office Sought: House Disbursement For: Senate Primary General Disbursement Tor: Day Office Sought: Payroll Category/ Type  Office Sought: House Disbursement For: Senate Primary General Disbursement Tor: Day Office Sought: Payroll Category/ Type  Office Sought: House Disbursement For: Senate Primary General Primary General Payroll Category/ Type  Office Sought: House Disbursement For: Primary General Payroll P  | NAME OF COMMITTEE (In Full)             |               |                   |             |   |
| Mailing Address 1209 Boylston St.  City State Zip Code Boston MA 02215- Purpose of Disbursement Payroll Candidate Name Disbursement For:  Full Name (Last, First, Middle Initial) Brian Dodge President Other (specify) ▼  Category/ Type  Disbursement For:  Full Name (Last, First, Middle Initial) Brian Dodge  Mailing Address 10 Parker Road  City State Zip Code MA 01834- Purpose of Disbursement Payroll Candidate Name District:  Full Name (Last, First, Middle Initial) Brian Dodge  Mailing Address 10 Parker Road  City State Zip Code MA 01834- Purpose of Disbursement Payroll Candidate Name Disbursement For:  Full Name (Last, First, Middle Initial) Brian Dodge  Mailing Address 10 Parker Road  City State Zip Code MA 01834-  President District:  Full Name (Last, First, Middle Initial) Brian Dodge  Mailing Address 10 Parker Road  City State Zip Code MA 01834-  President District:  Full Name (Last, First, Middle Initial) Brian Dodge  Mailing Address 10 Parker Road  City State Zip Code MA 01834-  Purpose of Disbursement Payroll Candidate Name Category/ Type  Office Sought: House Disbursement For:  Purpose of Disbursement Payroll Candidate Name Disbursement For:  Purpose of Disbursement Payroll Candidate Name President Disbursement For:  Purpose of Disbursement Payroll Category/ Type  Disbursement Payroll Category/ Type  PAYROLL   |   |               |                   |             |   |
| Boston MA 02215- Purpose of Disbursement Payroll Candidate Name  Office Sought: House Senate President District:  Full Name (Last, First, Middle Initial) Brian Dodge  Office Sought: House Senate President District:  Full Name (Last, First, Middle Initial) Brian Dodge  Office Sought: House Senate President District:  Full Name (Last, First, Middle Initial) Brian Dodge  Office Sought: House Senate President District:  Full Name (Last, First, Middle Initial) Brian Dodge  Mailing Address 10 Parker Road  Other (specify) ▼  Other (specify) ▼  Transaction ID: 70814.E9889 Date of Disbursement this Perior Category/ Type  Office Sought: House Disbursement For: Primary General District:  Full Name (Last, First, Middle Initial) Brian Dodge  Mailing Address 10 Parker Road  City State Zip Code Groveland MA 01834-  Purpose of Disbursement Payroll  Candidate Name  Office Sought: House Disbursement For: Disbursement For: Disbursement Payroll  Candidate Name  Office Sought: House Disbursement For: Disbursement For: Disbursement Payroll  Category/ Type  Office Sought: House Disbursement For: Disbursement For: Disbursement Payroll  Candidate Name  Office Sought: House Disbursement For: Disbursement For: Disbursement Payroll  Category/ Type  Office Sought: House Disbursement For: Primary General Payroll  Category/ Type  Office Sought: Primary General Payroll  Other (specify) ▼  PAYROLL  | Mailing Address 1209 Boylston St.       |               |                   |             | $\begin{bmatrix}\begin{smallmatrix}M&M&M\\0&8&M\end{smallmatrix}\end{bmatrix}/\begin{bmatrix}\begin{smallmatrix}D&D&D\\0&9\end{smallmatrix}\end{bmatrix}/\begin{bmatrix}\begin{smallmatrix}Y&Y&Y&Y&Y\\2&0&0&7\end{smallmatrix}\end{bmatrix}$                          |
| Payroll Candidate Name  Office Sought: House Senate Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Brian Dodge  Mailing Address 10 Parker Road  City State Zip Code MA 01834- Purpose of Disbursement Payroll Candidate Name  Office Sought: House Senate Primary General Other (specify) ▼  Transaction ID: 70814,E9889 Date of Disbursement Ibis Perior Category Type  Amount of Each Disbursement this Perior Category Type  Payroll  Transaction ID: 70814,E9889 Date of Disbursement Ibis Perior Category Type  Amount of Each Disbursement Ibis Perior Category Type  Payroll  Transaction ID: 70814,E9889 Date of Disbursement Ibis Perior Category Type  Amount of Each Disbursement Ibis Perior Disbursement For: Senate Primary General Other (specify) ▼  Transaction ID: 70915,E9896 Date of Disbursement Ibis Perior Category Type  Disbursement Disbursement Ibis Perior Category Type  Office Sought: House Disbursement For: Category Type  Office Sought  | · ·                                     |               |                   |             | Amount of Each Disbursement this Period   |
| Office Sought: House Primary General Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial) Brian Dodge  Mailing Address 10 Parker Road  City State Zip Code Groveland MA 01834-  Purpose of Disbursement Payroll  Candidate Name  Disbursement For: Senate Primary General Other (specify) ▼  Transaction ID: 70814.E9889 Date of Disbursement Ibis Perior Category/ Type  Amount of Each Disbursement Ibis Perior Category/ Type  Disbursement For: Senate Primary General Other (specify) ▼  Transaction ID: 70814.E9889 Date of Disbursement Ibis Perior Category/ Type  PAYROLL  Transaction ID: 70814.E9889 Date of Disbursement Ibis Perior Category/ Type  PAYROLL  Transaction ID: 70915.E9896 Date of Disbursement Ibis Perior Category/ Type  Office Sought: State Zip Code MA 01834-  Purpose of Disbursement Disbursement Ibis Perior Category/ Type  Office Sought: State Zip Code MA 01834-  Purpose of Disbursement Disbursement Ibis Perior Category/ Type  Office Sought: House Senate Primary General Category/ Type  | Payroll                                 |               |                   | Catanand    | 463.43  |
| Senate Primary General Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial) Brian Dodge  Mailing Address 10 Parker Road  City State Zip Code MA 01834-  Purpose of Disbursement Payroll Candidate Name  Office Sought: District:  Full Name (Last, First, Middle Initial) Brian Dodge  Disbursement For: Primary General Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial) Brian Dodge  Mailing Address 10 Parker Road  City Groveland MA 01834-  Purpose of Disbursement For: Primary General Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial) Brian Dodge  Mailing Address 10 Parker Road  City State Zip Code MA 01834-  Purpose of Disbursement For: Category/ Type  Office Sought: House State Zip Code MA 01834-  Purpose of Disbursement For: Category/ Type  Office Sought: House Senate Primary General Category/ Type  Office Sought: House Primary General Primary General Category/ Type  Office Sought: House Primary General Primary General Primary General Cother (specify) ▼  PAYROLL  |   | ursement For: |                   |             |   |
| Full Name (Last, First, Middle Initial) Brian Dodge  Mailing Address 10 Parker Road  City Groveland Purpose of Disbursement Payroll Candidate Name  District:  Full Name (Last, First, Middle Initial) Brian Dodge  Mailing Address 10 Parker Road  Transaction ID: 70814.E9889 Date of Disbursement  Disbursement this Perior  Category/ Type  PAYROLL  Transaction ID: 70814.E9889 Date of Disbursement this Perior  Category/ Type  PAYROLL  Transaction ID: 70915.E9896 Date of Disbursement  District:  Full Name (Last, First, Middle Initial) Brian Dodge  Mailing Address 10 Parker Road  City Groveland  City Groveland  Disbursement  Disbursement For:  Category/ Type  Disbursement For:  Senate  Primary  General  Disbursement For:  Senate  Primary  General  Disbursement For:  Disbursem  | Senate President                        | Primary       |                   |             | PAYROLL   |
| Mailing Address 10 Parker Road  City State Zip Code Groveland MA 01834-  Purpose of Disbursement Payroll Candidate Name  Office Sought: House Primary General Disbursement District:  Full Name (Last, First, Middle Initial) Brian Dodge  Mailing Address 10 Parker Road  City State Zip Code General Other (specify) ▼  Transaction ID: 70915.E9896 Date of Disbursement Disbursement MA 01834-  City State Zip Code Groveland MA 01834-  City Caroveland MA 01834-  Category/ Type  Office Sought: House Disbursement For: Category/ Type  Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼  PAYROLL  Amount of Each Disbursement this Perior Amount of Each Disbursement This Perior Category/ Type  Amount of Each Disbursement His Perior Category/ Type   | Full Name (Last, First, Middle Initial) |               |                   |             | Transaction ID: 70814.E9889   |
| City State Zip Code MA 01834-  Purpose of Disbursement Payroll  Candidate Name  Office Sought: House Senate Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  Brian Dodge  Mailing Address 10 Parker Road  City State Zip Code MA 01834-  Purpose of Disbursement For: State Zip Code MA 01834-  Purpose of Disbursement For: Category/ Type  Office Sought: House Disbursement For: Category/ Type  Office Sought: House Disbursement For: Senate Primary General Purpose of Disbursement  Payroll  Candidate Name  Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼  Office Sought: House Disbursement For: Primary General Other (specify) ▼  Office Sought: House Disbursement For: Primary General Other (specify) ▼  Office Sought: Primary General Primary General Other (specify) ▼  PAYROLL  |   |               |                   |             |   |
| Purpose of Disbursement Payroll  Candidate Name  Office Sought: House Senate Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Brian Dodge  Mailing Address 10 Parker Road  City State Zip Code Groveland MA 01834-  Purpose of Disbursement Payroll  Candidate Name  Office Sought: House Senate Primary General Other (specify) ▼  Transaction ID: 70915.E9896 Date of Disbursement  Mailing Address 10 Parker Road  Amount of Each Disbursement this Perior Category/ Type  Office Sought: House Senate Primary General Other (specify) ▼  Office Sought: Primary General Other (specify) ▼  PAYROLL  PAYROLL  PAYROLL   |   | State         | Zip Code          |             |   |
| Payroll Candidate Name  Category/ Type  Office Sought: House Senate Primary General  President Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial) Brian Dodge  Mailing Address 10 Parker Road  City State Zip Code Groveland MA 01834-  Purpose of Disbursement Payroll  Candidate Name  Office Sought: House Senate Primary General Other (specify) ▼  PAYROLL  Transaction ID: 70915.E9896 Date of Disbursement  Mailing Address 10 Parker Road  City State Zip Code MA 01834-  Purpose of Disbursement Payroll  Candidate Name  Office Sought: House Primary General Other (specify) ▼  PAYROLL  PAYROLL  |   | MA            | 01834-            |             | 2024.31   |
| Office Sought: House Senate Primary General Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial) Brian Dodge  Mailing Address 10 Parker Road  City Groveland MA 01834-  Purpose of Disbursement Payroll  Candidate Name  Office Sought: House Senate Primary General Other (specify) ▼  Disbursement For: Category/ Type  Office Sought: House Senate Primary General Other (specify) ▼  PAYROLL  PAYROLL  PAYROLL  PAYROLL  PAYROLL  PAYROLL  PAYROLL  PAYROLL  | Payroll                                 |               |                   |             |   |
| Brian Dodge  Mailing Address 10 Parker Road  City State Zip Code Groveland MA 01834-  Purpose of Disbursement Payroll  Candidate Name  Disbursement For: Senate Primary General President  Payroll General  Other (specify)  PAYROLL   | Senate<br>President                     | Primary       |                   | Турс        | PAYROLL   |
| City State Zip Code Groveland MA 01834-  Purpose of Disbursement Payroll  Candidate Name  Category/ Type  Office Sought: House Senate Primary General President Other (specify) Total Payroll Payroll President Presiden |   |               |                   |             |   |
| Groveland MA 01834-  Purpose of Disbursement Payroll  Candidate Name  Office Sought: House Senate Primary General President Other (specify)  | Mailing Address 10 Parker Road          |               |                   |             | $\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 8 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & 2 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Q & Q & Y \\ D & Q & Q & Q \end{smallmatrix} $ |
| Payroll  Candidate Name  Category/ Type  Office Sought: House Senate Primary General President Other (specify)   | Groveland                               |               |                   |             |   |
| Office Sought:  Disbursement For:  Senate Primary Other (specify)  |   |               |                   |             | 2024.31   |
| Senate Primary General President Other (specify) ▼   |   |               |                   |             |   |
|  |   | Primary       |                   |             | PAYROLL   |
|  | President                               |               |                   |             |   |

|                               | (FEC Form 3)                     | ′ Use se                                | eparate schedule(s)                |     |              | R LINE   | NUMBE            | R:     |                |       | PA        | GE           | 26 / 3   | 36             |
|-------------------------------|----------------------------------|---|------------------------------------|-----|--------------|----------|------------------|--------|----------------|-------|-----------|--------------|----------|----------------|
| TEMIZED DIS                   | BURSEMENT                        | <b>S</b> for eac                        | ch category of the ed Summary Page |     |              | 21b 27   | 22<br>28a        |        | 23<br>28b      |       | 24<br>28c | $\mathbf{L}$ | 25<br>29 | X              |
|                               | from such Reports an             |   |                                    |     |              |          |                  |        |                |       |           |              |          | ;              |
|                               | oses, other than using           | the name and add                        | iress of any politica              | com | ımıtt        | ee to so | licit contr      | ibutio | ons tr         | om su | ich c     | omm          | ittee    |                |
| NAME OF COMMI                 | ,                                | anaragianal C                           | ammittaa                           |     |              |          |                  |        |                |       |           |              |          |                |
| / Iviassacriuseits i          | Republican State C               | ongressional C                          | ommittee                           |     |              |          |                  |        |                |       |           |              |          |                |
| Full Name (Last, Fi           | rst, Middle Initial)             |   |                                    |     |              |          | Trans            | actio  | on ID          | : 70  | 814       | .E98         | 90       |                |
| Lyndsay Jones                 |                                  |   |                                    |     |              |          | Date of          |        | sburs          | emen  |           |              |          |                |
| Mailing Address               | 16 Oval Road                     |   |                                    |     |              |          | 0 <sup>M</sup> 8 | M /    | DC             | 9     | / Y       | ž            | 0 ŏ 7    | , <sup>Y</sup> |
| City<br>Quincy                |                                  | State<br>MA                             | Zip Code<br>02170-                 |     |              |          | Amou             | nt of  | Each           | Disb  | ursei     |              |          |                |
| Purpose of Disburs            | ement                            |   |                                    |     | v            |          |                  | _      | _              |       |           | 123          | 36.59    |                |
| Candidate Name                |                                  |   |                                    | Ca  | ateg         | orv/     |                  |        |                |       |           |              |          |                |
|                               |                                  |   |                                    |     | Тур          | -        |                  |        |                |       |           |              |          |                |
| Office Sought:                | House<br>Senate<br>President     | Disbursement For<br>Primary<br>Other (s |                                    |     |              |          | PAYF             | OLI    | -              |       |           |              |          |                |
| State:                        | District:                        | (                                       | ,pss.,, •                          |     |              |          |                  |        |                |       |           |              |          |                |
| Full Name (Last, Fi           | rst, Middle Initial)             |   |                                    |     |              |          | Trans            | actio  | on ID          | : 70  | 915       | .E98         | 97       |                |
| Lyndsay Jones                 |                                  |   |                                    |     |              |          | Date             |        |                |       |           |              |          |                |
| Mailing Address               | 16 Oval Road                     |   |                                    |     |              |          | 0 <sup>M</sup> 8 | M /    | D 2            | 23    | / Y       | ž            | 0 ŏ 7    | , <sup>Y</sup> |
| City<br>Quincy                |                                  | State<br>MA                             | Zip Code<br>02170-                 |     |              |          | Amou             | nt of  | Each           | Disb  | ursei     | ment         | this F   | Perio          |
| Purpose of Disburs<br>Payroll | ement                            |   |                                    |     | •            |          | L.               | _      |                |       |           | 123          | 86.59    |                |
| Candidate Name                |                                  |   |                                    |     | ateg<br>Type | •        |                  |        |                |       |           |              |          |                |
| Office Sought:                | House Senate President District: | Disbursement For<br>Primary<br>Other (s |                                    |     |              |          | PAYF             | OLI    | _              |       |           |              |          |                |
| Full Name (Last, Fi           | rst, Middle Initial)             |   |                                    |     |              |          | Trans            |        |                |       |           | .E98         | 91       |                |
| Peter Torkildsen              |                                  |   |                                    |     |              |          | Date             | _      |                |       | t         |              |          |                |
| Mailing Address               | 1 Stony Brook Ro                 | oad                                     |                                    |     |              |          | 0 <sup>M</sup> 8 | M /    | <sup>D</sup> C | 9     | Ľ         | ž            | 0 ŏ 7    | , <sup>Y</sup> |
| City<br>Chelmsford            |                                  | State<br>MA                             | Zip Code<br>01863-                 |     |              |          | Amou             | nt of  | Each           | Disb  | ursei     | ment         | this F   | Perio          |
| Purpose of Disburs            | ement                            |   |                                    |     | •            |          | L.               |        |                |       |           | 124          | 5.83     |                |
| Candidate Name                |                                  |   |                                    |     | ateg         |          |                  |        |                |       |           |              |          |                |
| Office Sought:                | House<br>Senate<br>President     | Disbursement For<br>Primary<br>Other (s |                                    |     |              |          | PAYF             | OLI    | -              |       |           |              |          |                |
| State:                        | District:                        |   |                                    |     |              |          |                  |        |                |       |           |              |          |                |
|                               |                                  |   |                                    |     |              |          |                  |        |                |       |           | 274          | 9.01     |                |
| SLIRTOTAL of Dishu            | rsements This Page (d            | optional)                               |                                    |     |              | •        |                  |        |                |       |           | 3/ I         | 3.U l    |                |

| SCHEDULE B (FEC Form 3X)  | Use separate schedu                        | uie(s) I (alaaal, aa | NUMBER: PAGE 27 / 36 v one)  |
|---|--|----------------------|--|
| TEMIZED DISBURSEMENTS   | for each category of<br>Detailed Summary P | tne l 🗀 r            | 22 23 24 25 2<br>28a 28b 28c 29 X  |
| Any Information copied from such Reports and State or for commercial purposes, other than using the nar |  |                      |  |
| NAME OF COMMITTEE (In Full)  Massachusetts Republican State Congres                                     |  |                      |  |
| Full Name (Last, First, Middle Initial)<br>Peter Torkildsen   |  |                      | Transaction ID: 70915.E9898 Date of Disbursement   |
| Mailing Address 1 Stony Brook Road  |  |                      | $ \begin{bmatrix} M & M \\ 0 & 8 \end{bmatrix} \begin{bmatrix} D & 2 & 3 \end{bmatrix} \begin{bmatrix} Y & Y & Y & Y & Y & Y & Y & Y & Y & Y &$                                |
| City<br>Chelmsford  | State Zip Code MA 01863-                   |                      | Amount of Each Disbursement this Period  |
| Purpose of Disbursement Payroll   |  |                      | 1245.83  |
| Candidate Name  |  | Category/<br>Type    | -  |
| Senate President  | ement For: Primary Gen Other (specify)     | eral                 | PAYROLL  |
| State: District:  Full Name (Last, First, Middle Initial)  Robert Willington                            |  |                      | Transaction ID: 70814.E9892  |
| Mailing Address 12 Arlington Street   |  |                      | Date of Disbursement  M M D D D Y Y Y O O 7  |
| City<br>Reading   | State Zip Code<br>MA 01867-                |                      | Amount of Each Disbursement this Period  |
| Purpose of Disbursement Payroll Candidate Name  |  | Category/            | 1236.59  |
|   | ement For:                                 | Type                 |  |
| Senate President State: District:   | Primary Gen Other (specify) ▼              | eral                 | PAYROLL  |
| Full Name (Last, First, Middle Initial) Robert Willington   |  |                      | Transaction ID: 70915.E9899 Date of Disbursement   |
| Mailing Address 12 Arlington Street   |  |                      | $ \begin{bmatrix} 0 & 8 & M \\ 0 & 8 & M \end{bmatrix} $ $ \begin{bmatrix} 0 & 2 & 3 \\ 2 & 3 & M \end{bmatrix} $ $ \begin{bmatrix} 0 & 2 & 3 \\ 2 & 0 & 0 & 7 \end{bmatrix} $ |
| City<br>Reading   | State Zip Code<br>MA 01867-                |                      | Amount of Each Disbursement this Period  |
| Purpose of Disbursement<br>Payroll  |  |                      | 1232.51  |
| Candidate Name  |  | Category/<br>Type    |  |
| Office Sought: House Disburs Senate President   | ement For: Primary Gen Other (specify)     | eral                 | PAYROLL  |
| State: District:  |  |                      |  |
| SUBTOTAL of Disbursements This Page (optional   |  |                      | 3714.93  |
| PART OF TRANSPORTED THIS FACE COMOUNT   |  |                      |  |

### PAGE 28 / 36 SCHEDULE D (FEC Form 3X) (Use separate FOR LINE NUMBER: schedule(s) **DEBTS AND OBLIGATIONS** for each (check only one) 9 numbered line) **Excluding Loans** X 10 NAME OF COMMITTEE (In Full) Massachusetts Republican State Congressional Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original debt for direct mail - party related non FEA **SCM Associates** Steve Meyers Mailing Address 1283 Main Street City ZIP Code State Dublin NH 03444-Outstanding Balance Beginning This Period Transaction ID: LS90508.E11236 9891.83 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 9891.83 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original debt for direct mail - party related non FEA **SCM Associates** Mailing Address Steve Meyers 1283 Main Street 7IP Code City State Dublin NH 03444-Outstanding Balance Beginning This Period Transaction ID: LS90508.E11238 475.83 Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period 0.00 0.00 475.83 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original debt for direct mail - party related non FEA SCM Associates Mailing Address Steve Meyers 1283 Main Street ZIP Code City State Dublin 03444-NH Outstanding Balance Beginning This Period Transaction ID: LS90508.E11245 5311.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 5311.00 15678.66 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

### PAGE 29 / 36 SCHEDULE D (FEC Form 3X) (Use separate FOR LINE NUMBER: schedule(s) **DEBTS AND OBLIGATIONS** for each (check only one) 9 numbered line) **Excluding Loans** X 10 NAME OF COMMITTEE (In Full) Massachusetts Republican State Congressional Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original debt for direct mail - party related non FEA **SCM Associates** Steve Meyers Mailing Address 1283 Main Street City ZIP Code State 03444-Dublin NH Outstanding Balance Beginning This Period Transaction ID: LS90508.E11239 15.69 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 15.69 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original debt for direct mail - party related non FEA **SCM Associates** Mailing Address Steve Meyers 1283 Main Street 7IP Code City State Dublin NH 03444-Outstanding Balance Beginning This Period Transaction ID: LS90508.E11247 9980.45 Payment This Period Amount Incurred This Period Outstanding Balance at Close of This Period 0.00 0.00 9980.45 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original debt for direct mail - party related non FEA SCM Associates Mailing Address Steve Meyers 1283 Main Street ZIP Code City State Dublin 03444-NH Outstanding Balance Beginning This Period Transaction ID: LS90508.E11240 1445.12 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 1445.12 11441.26 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

### PAGE 30 / 36 SCHEDULE D (FEC Form 3X) (Use separate FOR LINE NUMBER: schedule(s) **DEBTS AND OBLIGATIONS** for each (check only one) 9 numbered line) **Excluding Loans** X 10 NAME OF COMMITTEE (In Full) Massachusetts Republican State Congressional Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original debt for direct mail - party related non FEA **SCM Associates** Steve Meyers Mailing Address 1283 Main Street City ZIP Code State Dublin NH 03444-Outstanding Balance Beginning This Period Transaction ID: LS90508.E11241 3.58 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 3.58 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original debt for direct mail - party related non FEA **SCM Associates** Mailing Address Steve Meyers 1283 Main Street 7IP Code City State Dublin NH 03444-Outstanding Balance Beginning This Period Transaction ID: LS90513.E11249 3814.75 Payment This Period Amount Incurred This Period Outstanding Balance at Close of This Period 0.00 0.00 3814.75 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original debt for direct mail - party related non FEA SCM Associates Mailing Address Steve Meyers 1283 Main Street ZIP Code City State Dublin 03444-NH Outstanding Balance Beginning This Period Transaction ID: LS90513.E11248 3909.25 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 3909.25 7727.58 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

### PAGE 31 / 36 SCHEDULE D (FEC Form 3X) (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 9 numbered line) **Excluding Loans** X 10 NAME OF COMMITTEE (In Full) Massachusetts Republican State Congressional Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original debt for direct mail - party related non FEA **SCM Associates** Mailing Address Steve Meyers 1283 Main Street City ZIP Code State 03444-Dublin NH Outstanding Balance Beginning This Period Transaction ID: LS90513.E11251 15.37 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 15.37 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original debt for direct mail - party related non FEA **SCM Associates** Mailing Address Steve Meyers 1283 Main Street 7IP Code City State Dublin NH 03444-Outstanding Balance Beginning This Period Transaction ID: LS90508.E11237 9351.63 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 9351.63 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original debt for research Lexis-Nexis party related Mailing Address PO Box 7247-7090 ZIP Code City State Philadelphia PA 19170-Outstanding Balance Beginning This Period Transaction ID: LS90513.E11275 1250.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 1250.00 10617.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

### Image# 29992216969 PAGE 32 / 36 SCHEDULE D (FEC Form 3X) (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 9 numbered line) **Excluding Loans** X 10 NAME OF COMMITTEE (In Full) Massachusetts Republican State Congressional Committee Nature of Debt (Purpose): A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Original debt for research party related Lexis-Nexis Mailing Address PO Box 7247-7090 City State ZIP Code Philadelphia PA 19170-Outstanding Balance Beginning This Period Transaction ID: LS90513.E11276 1250.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 1250.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original debt for research Lexis-Nexis party related Mailing Address PO Box 7247-7090 ZIP Code City State Philadelphia PA 19170-Outstanding Balance Beginning This Period Transaction ID: LS90513.E11277 1250.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

| C. Full Name (Last,<br>ENlisson ENilsson | First, Middle Initial) of Debte<br>า | Nature of Debt (Purpose): Original debt for IT support party related non fea |   |
|--|--------------------------------------|--|---|
| Mailing Address 6                        | Depot Street                         |  |   |
| City                                     | State                                | ZIP Code   |   |
| Westford                                 | MA                                   | 01886-   |   |
| Outstanding Balan                        | nce Beginning This Period            |  | Transaction ID: LS90513.E11301              |
|  | 1252.00                              |  |   |
| Amount Inc                               | curred This Period                   | Payment This Period  | Outstanding Balance at Close of This Period |
|  | 0.00                                 | 0.00   | 1252.00                                     |
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| AME OF COMMITTEE (In Full) assachusetts Republican State Congressional Committee  A. Full Name (Last, First, Middle Initial) of Debtor or Creditor ENlisson ENilsson  Mailing Address 6 Depot Street  City State ZIP Code Westford MA 01886-  Outstanding Balance Beginning This Period Payment This Period Outstanding Balance at Close of Thi  Amount Incurred This Period Payment This Period Outstanding Balance at Close of Thi  B. Full Name (Last, First, Middle Initial) of Debtor or Creditor ENlisson ENilsson  Mailing Address 6 Depot Street  City State ZIP Code  Westford MA 01886-  Nature of Debt (Purpose): Original debt for IT support party related non fea  Nature of Debt (Purpose): Original debt for IT support party related non fea | A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  City State ZIP Code Westford MA 01886-  Outstanding Balance Beginning This Period Q.000  B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  ENlisson ENilsson  Outstanding Balance Beginning This Period Q.000  B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  City State ZIP Code Westford MA 01886-  Outstanding Balance Beginning This Period Q.000  Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period Pattern or Creditor  ENlisson ENilsson  Mailing Address 6 Depot Street  City State ZIP Code Westford MA 01886-  Outstanding Balance Beginning This Period Outstanding Balance at Close of This Period Payment This Period Outstanding Balance Beginning This Period Outstanding Balance at Close of This Outstanding Balance at Close of This Payment This Period Outstanding Balance at Close of This   |                    |                           |                     | (CCC Coparato  | EOD LINE NUMBER                    |
|---|--|--------------------|---------------------------|---------------------|----------------|------------------------------------|
| ME OF COMMITTEE (In Full) assachusetts Republican State Congressional Committee  A. Full Name (Last, First, Middle Initial) of Debtor or Creditor ENlisson ENilsson  Mailing Address 6 Depot Street  City State ZIP Code Westford MA 01886-  Outstanding Balance Beginning This Period Amount Incurred This Period Payment This Period Outstanding Balance at Close of This O.00 O.00  B. Full Name (Last, First, Middle Initial) of Debtor or Creditor ENlisson ENilsson  Mailing Address 6 Depot Street  City State ZIP Code Outstanding Balance at Close of This O.00 O.00  Nature of Debt (Purpose): Original debt for IT support party related non fea   | Mailing Address 6 Depot Street  City State ZIP Code Westford MA 01886-  Outstanding Balance Beginning This Period 0.00  B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Creditor Creditor Debt (Purpose): Original debt for IT support party related non fea County party related non fea County Payment This Period Debt (Purpose): Original debt for IT support party related non fea County Payment This Period Debt (Purpose): Original debt for IT support party related non fea County Payment This Period Debt (Purpose): Original debt for IT support party related non fea County Payment This Period Debt (Purpose): Original debt for IT support party related non fea County Payment This Period Debt (Purpose): Original debt for IT support party related non fea County Payment This Period Debt (Purpose): Original debt for IT support party related non fea County Payment This Period Debt (Purpose): Original debt for IT support party related non fea County Payment This Period Debt (Purpose): Original debt for IT support party related non fea County Payment This Period Debt (Purpose): Original debt for IT support party related non fea County Payment This Period Debt (Purpose): Original debt for IT support party related non fea County Payment This Period Debt (Purpose): Original debt for IT support party related non fea County Payment This Period Debt (Purpose): Original debt for IT support party related non fea County Payment This Period Debt (Purpose): Original debt for IT support party related non fea County Payment This Period Debt (Purpose):  |                    | GATIONS                   |                     |                | 1 1 1 <del></del>                  |
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor ENlisson ENilsson  Mailing Address 6 Depot Street  City State ZIP Code Westford MA 01886-  Outstanding Balance Beginning This Period 360.00  Amount Incurred This Period Payment This Period Outstanding Balance at Close of This 0.00  B. Full Name (Last, First, Middle Initial) of Debtor or Creditor ENlisson ENilsson  Mailing Address 6 Depot Street  City State ZIP Code  Westford MA 01886-  Outstanding Balance at Close of This 0.00  Nature of Debt (Purpose): Outstanding Balance at Close of This 0.00  Nature of Debt (Purpose): Original debt for IT support party related non fea  | A. Full Name (Last, First, Middle Initial) of Debtor or Creditor ENlisson ENlisson  Mailing Address 6 Depot Street  City State ZIP Code Westford MA 01886-  Outstanding Balance Beginning This Period 0.00  Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period Party related non fea  Nature of Debt (Purpose): Original debt for IT support party related non fea  Transaction ID: LS90513.E  Outstanding Balance Beginning This Period 0.00  B. Full Name (Last, First, Middle Initial) of Debtor or Creditor ENlisson ENilsson  Mailing Address 6 Depot Street  City State ZIP Code Westford MA 01886-  Outstanding Balance Beginning This Period 0.1886-  Outstanding Balance Beginning This Period 0.1886-  Cutstanding Balance Beginning This Period 0.00  Amount Incurred This Period 0.000  C. Full Name (Last, First, Middle Initial) of Debtor or Creditor 0.000  |                    |                           |                     | numbered line) | X 1                                |
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| Mailing Address 6 Depot Street  City State ZIP Code Westford MA 01886-  Outstanding Balance Beginning This Period 360.00  Amount Incurred This Period Payment This Period Outstanding Balance at Close of This 0.00 0.00  B. Full Name (Last, First, Middle Initial) of Debtor or Creditor ENlisson ENilsson  Mailing Address 6 Depot Street  City State ZIP Code   | Mailing Address 6 Depot Street  City State ZIP Code Westford MA 01886-  Outstanding Balance Beginning This Period 360.00  Amount Incurred This Period Payment This Period 0.00  Amount Incurred This Period Payment This Period 0.00  B. Full Name (Last, First, Middle Initial) of Debtor or Creditor ENlisson ENilsson  Mailing Address 6 Depot Street  City State ZIP Code Westford MA 01886-  Outstanding Balance Beginning This Period 0.00  Amount Incurred This Period 0.00  Transaction ID: LS90513.E  |                    |                           | r or Creditor       | Nature of D    | ebt (Purpose):                     |
| City State ZIP Code Westford MA 01886-  Outstanding Balance Beginning This Period 360.00  Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Description of Debtor or Creditor ENlisson ENilsson  Mailing Address 6 Depot Street  City State ZIP Code   | City State Westford MA 01886-  Outstanding Balance Beginning This Period 360.00  Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Philosophic Payment This Period Outstanding Balance at Close of This Entire Poil Payment This Period Outstanding Balance at Close of This Entire Poil Payment This Period Outstanding Balance at Close of This Entire Poil Payment This Period Original debt for IT support party related non feature Payment This Period Outstanding Balance Beginning This Period Outstanding Balance Beginning This Period Outstanding Balance at Close of This Payment This Period Outstanding Balance at Close of This Outstanding Balance | ENIISSON ENIISSON  | 1                         |                     | ort party r    | ebt for II supp-<br>elated non fea |
| Westford MA 01886-  Outstanding Balance Beginning This Period 360.00  Amount Incurred This Period Payment This Period Outstanding Balance at Close of This 0.00 0.00  B. Full Name (Last, First, Middle Initial) of Debtor or Creditor ENlisson ENilsson  Mailing Address 6 Depot Street  City State ZIP Code   | Westford MA 01886-  Outstanding Balance Beginning This Period 360.00  Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period Payment This Period Outstanding Balance at Close of This Period Payment This Period Outstanding Balance at Close of This Period Payment This Period Payment This Period Party related non fea Transaction ID: LS90513.E  C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Payment This Period Outstanding Balance at Close of This Party related non fea Outstanding Balance at Close of This Party Payment This Period Outstanding Balance at Close of This Outstanding Balan | Mailing Address 6  | Depot Street              |                     |                |                                    |
| Outstanding Balance Beginning This Period  360.00  Amount Incurred This Period  0.00  Double Payment This Period  Outstanding Balance at Close of This  0.00  B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  ENlisson ENilsson  Mailing Address 6 Depot Street  City State  ZIP Code   | Outstanding Balance Beginning This Period 360.00  Amount Incurred This Period 0.00  Outstanding Balance at Close of This 0.00  B. Full Name (Last, First, Middle Initial) of Debtor or Creditor ENlisson ENilsson  Mailing Address 6 Depot Street  City State ZIP Code Westford MA 01886-  Outstanding Balance Beginning This Period  Amount Incurred This Period Payment This Period  Outstanding Balance at Close of This 0.00  Outstanding Balance at Close of This  Transaction ID: LS90513.E  | City               | State                     | ZIP Code            |                |                                    |
| Amount Incurred This Period Payment This Period Outstanding Balance at Close of This 0.00 0.00 36  B. Full Name (Last, First, Middle Initial) of Debtor or Creditor ENlisson ENilsson  Mailing Address 6 Depot Street  City State ZIP Code  | Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period Outstanding Balance at Close of This O.00 O.00 Safe Payment This Period Outstanding Balance at Close of This O.00 Safe Payment This Period Original debt for IT support party related non fea Payment This Period Outstanding Balance Beginning This Period Outstanding Balance Beginning This Period Outstanding Balance at Close of This O.00 O.00 O.00 At 1  C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose):   | Westford           | MA                        | 01886-              |                |                                    |
| Amount Incurred This Period   | Amount Incurred This Period Payment This Period Outstanding Balance at Close of This 0.00 0.00 360  B. Full Name (Last, First, Middle Initial) of Debtor or Creditor ENlisson ENilsson  Mailing Address 6 Depot Street  City State ZIP Code Westford MA 01886-  Outstanding Balance Beginning This Period Transaction ID: LS90513.E  411.94  Amount Incurred This Period Payment This Period Outstanding Balance at Close of This 0.00 0.00 411  C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose):  | Outstanding Balar  | nce Beginning This Period |                     | Tra            | nsaction ID: LS90513.E113          |
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor ENlisson ENilsson  Mailing Address 6 Depot Street  City State ZIP Code  O.00  Nature of Debt (Purpose): Original debt for IT support party related non fea   | B. Full Name (Last, First, Middle Initial) of Debtor or Creditor ENlisson ENilsson  Mailing Address 6 Depot Street  City State ZIP Code Westford MA 01886-  Outstanding Balance Beginning This Period  Amount Incurred This Period Payment This Period Outstanding Balance at Close of This  0.00 Payment This Period Outstanding Balance at Close of This  Nature of Debt (Purpose):  Original debt for IT support party related non fea  Transaction ID: LS90513.E   |                    | 360.00                    |                     |                |                                    |
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  ENlisson ENilsson  Mailing Address 6 Depot Street  City State ZIP Code  | B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  ENlisson ENilsson  Mailing Address 6 Depot Street  City State ZIP Code Westford MA 01886-  Outstanding Balance Beginning This Period  Amount Incurred This Period Payment This Period Outstanding Balance at Close of This  0.00 Payment This Period Outstanding Balance at Close of This  0.00 Nature of Debt (Purpose):  Nature of Debt (Purpose):   | Amount Inc         | curred This Period        | Payment This Period | Outstandi      | ng Balance at Close of This Per    |
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| - 7   | Westford MA 01886-  Outstanding Balance Beginning This Period Transaction ID: LS90513.E  411.94  Amount Incurred This Period Payment This Period Outstanding Balance at Close of This  0.00 0.00 1.00 1.00 1.00 1.00 1.00 1.0  | Mailing Address 6  | Depot Street              |                     | ort party r    | erated non rea                     |
| Westford MA 01886-  | Outstanding Balance Beginning This Period  411.94  Amount Incurred This Period Payment This Period Outstanding Balance at Close of This  0.00  0.00  Value of Debt (Purpose):  |                    |                           | ZIP Code            |                |                                    |
|   | Amount Incurred This Period Payment This Period Outstanding Balance at Close of This  0.00 0.00 41  C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose):   | Westford           | MA                        | 01886-              |                |                                    |
| Outstanding Balance Beginning This Period Transaction ID: LS90513.E   | Amount Incurred This Period Payment This Period Outstanding Balance at Close of This  0.00 0.00 41  C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose):   | Outstanding Balar  | nce Beginning This Period |                     | Tra            | nsaction ID: LS90513.E113          |
| 411.94  | C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  Nature of Debt (Purpose):  |                    | 411.94                    |                     |                |                                    |
| Amount Incurred This Period Payment This Period Outstanding Balance at Close of This  | C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  Nature of Debt (Purpose):  | Amount Inc         | curred This Period        | Payment This Period | Outstandi      | ng Balance at Close of This Per    |
| 0.00 0.00 41  |  |                    | 0.00                      | 0.00                |                | 411.94                             |
|   | Garage Government Center Original debt for parking party related non fea   |                    |                           | r or Creditor       |                |                                    |
| Garage Government Center Original debt for parking party related non fea  |  | Garage Governme    | ent Center                |                     | Original d     | lebt for parking<br>ted non fea    |
|   | Mailing Address 50 New Sudbury Street  | Mailing Address 50 | New Sudbury Street        |                     |                |                                    |
| Mailing Address 50 New Sudbury Street   |  | City               | State                     | ZIP Code            |                |                                    |
| Mailing Address 50 New Sudbury Street   |  | City               | State                     | ZIP Code            |                |                                    |

| 1) SUBTOTALS This Period This Page (optional)   | •        |  | - | <br>- | 1 | 411 | .94  |  |
|---|----------|--|---|-------|---|-----|--|--|
| 2) TOTALS This Period (last page this line number only)                                 | <b>•</b> |  |   |       |   |     | 1  |  |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)                             | •        |  |   |       |   |     |  |  |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | <b>-</b> |  |   | <br>  |   |     | <u>.                                    </u> |  |

Payment This Period

0.00

02114-

Transaction ID: LS90513.E11296

640.00

Outstanding Balance at Close of This Period

Boston

MA

640.00

0.00

Outstanding Balance Beginning This Period

Amount Incurred This Period

### PAGE 34 / 36 SCHEDULE D (FEC Form 3X) (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 9 numbered line) **Excluding Loans** X 10 NAME OF COMMITTEE (In Full) Massachusetts Republican State Congressional Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original debt for parking party related non fea Garage Government Center Mailing Address 50 New Sudbury Street City State ZIP Code **Boston** MA 02114-Outstanding Balance Beginning This Period Transaction ID: LS90513.E11295 640.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 640.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original debt for parking party related non fea Garage Government Center Mailing Address 50 New Sudbury Street ZIP Code City State **Boston** MA 02114-Outstanding Balance Beginning This Period Transaction ID: LS90513.E11300 640.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 640.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Payment for debt for parking party related non fea Garage Government Center Mailing Address 50 New Sudbury Street ZIP Code City State **Boston** 02114-MA Outstanding Balance Beginning This Period Transaction ID: LS70915.E9903 640.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 640.00 0.00 1280.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

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| EBTS AND OBLIC                       | SATIONS  | fo                                    | nedule(s)<br>or each<br>bered line) | FOR LINE NUMBER:<br>(check only one) 9<br>X 10 |  |
|--------------------------------------|--|---------------------------------------|-------------------------------------|--|--|
| NAME OF COMMITTEE Massachusetts Repu | E (In Full)<br>ublican State Congressio          | onal Committee                        |                                     |  |  |
| A. Full Name (Last, mindShift Techno | First, Middle Initial) of Debto<br>logies, Inc.  | or or Creditor                        |                                     |  | ebt (Purpose):<br>ebt for IT Supp-<br>elated non fea |
| Mailing Address Po                   | O Box 200105                                     |                                       |                                     |  |  |
| City<br>Pittsburgh                   | State<br>PA                                      | ZIP Code<br>15251-                    |                                     |  |  |
| Outstanding Balar                    | nce Beginning This Period                        |                                       |                                     | Trai   | nsaction ID: LS90513.E11288                          |
|                                      | 1696.00  |                                       |                                     |  |  |
| Amount Inc                           | curred This Period                               | Payment This Period                   |                                     | Outstandir                                     | ng Balance at Close of This Period                   |
|                                      | 0.00   | 0.00                                  | ,                                   |  | 1696.00  |
| B. Full Name (Last, mindShift Techno | First, Middle Initial) of Debto<br>logies, Inc.  | or or Creditor                        |                                     |  | ebt (Purpose):<br>ebt for IT Supp-<br>elated non fea |
| Mailing Address Po                   | O Box 200105                                     |                                       |                                     |  |  |
| City<br>Pittsburgh                   | State<br>PA                                      | ZIP Code<br>15251-                    |                                     |  |  |
| Outstanding Balar                    | nce Beginning This Period                        |                                       |                                     | Trai   | nsaction ID: LS90513.E11289                          |
|                                      | 1652.00  |                                       |                                     |  |  |
| Amount Inc                           | curred This Period                               | Payment This Period                   |                                     | Outstandir                                     | ng Balance at Close of This Period                   |
|                                      | 0.00   | 0.00                                  |                                     |  | 1652.00  |
| C. Full Name (Last, mindShift Techno | First, Middle Initial) of Debto<br>llogies, Inc. | or or Creditor                        |                                     |  | ebt (Purpose):<br>ebt for IT Supp-<br>elated non fea |
| Mailing Address Po                   | O Box 200105                                     |                                       |                                     |  |  |
| City<br>Pittsburgh                   | State<br>PA                                      | ZIP Code<br>15251-                    |                                     |  |  |
|                                      | nce Beginning This Period                        |                                       |                                     | Trai   | nsaction ID: LS90513.E11290                          |
|                                      | 1652.00  |                                       |                                     |  |  |
| Amount Inc                           | curred This Period                               | Payment This Period                   |                                     | Outstandir                                     | ng Balance at Close of This Period                   |
|                                      | 0.00   | 0.00                                  |                                     |  | 1652.00  |
| SUBTOTALS This                       | Period This Page (optional).                     |                                       | ı                                   | •  | 5000.00  |
|                                      |  | only)                                 |                                     | ·  |  |
| B) TOTAL OUTSTAND                    | DING LOANS from Sched                            | ule C (last page only)                |                                     | ·  |  |
| 1) ADD 2) and 3) and                 | I carry forward to appropriate                   | line of Summary Page (last page only) | ·) 1                                | •  |  |

FE6AN026

### **SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS**

(Use separate schedule(s) for each numbered line)

PAGE 36 / 36 FOR LINE NUMBER: (check only one)

|   |   | 9  |
|---|---|----|
| ı | Х | 10 |

**Excluding Loans** 

| NAME OF COMMITTEE (IN Full)                  |           |
|--|-----------|
| Massachusetts Republican State Congressional | Committee |

| AME OF COMMITTE<br>lassachusetts Repu | E (In Full)<br>ublican State Congression            | al Committee            |  |
|---------------------------------------|---|-------------------------|--|
| A. Full Name (Last, mindShift Techno  | , First, Middle Initial) of Debtor<br>ologies, Inc. | or Creditor             | Nature of Debt (Purpose): Original debt for IT Support party related non fea |
| Mailing Address P                     | O Box 200105  |                         |  |
| City<br>Pittsburgh                    | State<br>PA   | ZIP Code<br>15251-      |  |
| Outstanding Bala                      | nce Beginning This Period 0.00                      |                         | Transaction ID: LS90513.E11291   |
| Amount In                             | curred This Period<br>1652.00                       | Payment This Period 0.0 | Outstanding Balance at Close of This Period 1652.00                          |
| B. Full Name (Last, Communication,    | , First, Middle Initial) of Debtor<br>Inc. Majority | or Creditor             | Nature of Debt (Purpose): Original Debt for FEA Get Out the Vote Mailing     |
| Mailing Address 2                     | 74 Marconi Blvd. Suite 26                           | 0                       |  |
| City<br>Columbus                      | State<br>OH   | ZIP Code<br>43215-      |  |
| Outstanding Bala                      | nce Beginning This Period                           |                         | Transaction ID: LS90508.E11226   |
|                                       | 15000.00  |                         |  |
| Amount In                             | curred This Period                                  | Payment This Period     | Outstanding Balance at Close of This Period                                  |
|                                       | 0.00  | 0.0                     | 15000.00   |
|                                       |   |                         |  |
|                                       |   |                         |  |